Colorado Household Survey

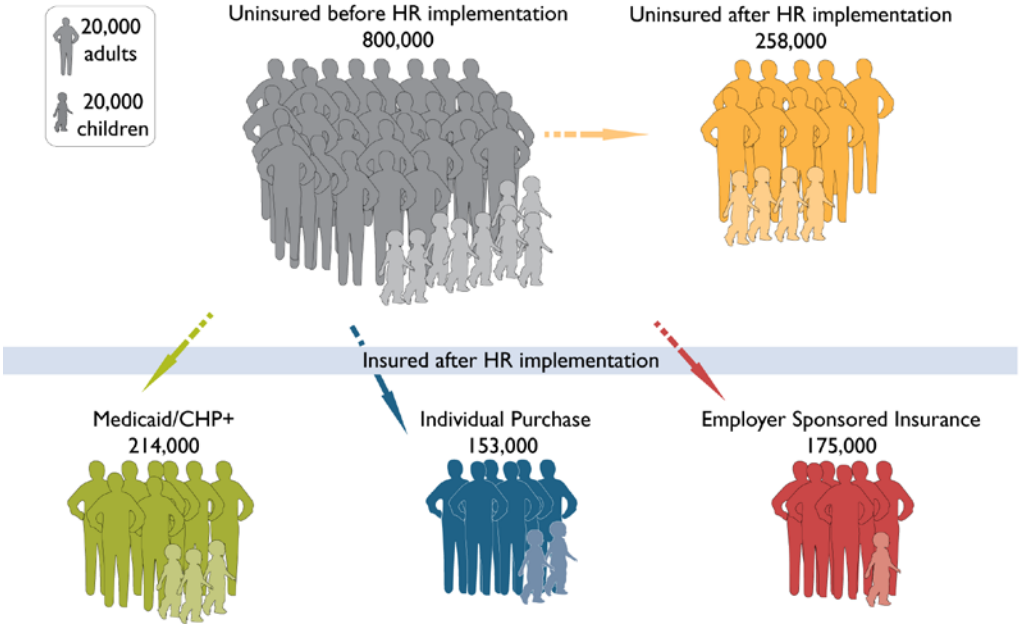
Uninsured Coloradans: Who will be newly covered under health care reform? Who will remain uninsured?

If state and federal health reform were fully enacted today, more than 540,000 of the 800,000 currently uninsured Coloradans would be newly insured; the reform measures would reduce the number of uninsured Coloradans by two-thirds. Because newly insured individuals have pent-up demand for health care services, this finding is particularly important as state and local policymakers evaluate the capacity of their current health care infrastructure.

How will the uninsured be covered? After full implementation of state and federal reforms, the Colorado Health Institute (CHI) estimates that 214,000 children and adults will be newly enrolled in the Child Health Plan Plus (CHP+) and Medicaid[1] programs. A key provision of federal reform will require most U.S. citizens to obtain health insurance coverage; as a result, approximately 153,000 uninsured people are projected to purchase insurance in the private market and through the state health insurance exchange.[2] Another 175,000 people will likely obtain insurance through their or a family member's employer (Graph 1).

Nearly one-third of the uninsured, or 258,000 Coloradans, will still lack health insurance after state and federal health reforms are implemented.

Graph 1. Estimates of how currently uninsured Coloradans will be covered after implementation of state and national health reform



SOURCE: CHI analysis of 2008-09 Colorado Household Survey and 2008 American Community Survey

CHI analyzed data from the 2008-09 Colorado Household Survey (COHS) and the 2008 American Community Survey (ACS) to estimate the impact of state and federal reforms on the state's uninsured population. CHI's analysis indicates that approximately 12 percent of the Colorado population under age 65 are likely to be newly insured after the reform provisions are in place. For some Colorado counties, more than 20 percent of the county's population could be newly insured.

Because many uninsured individuals have lacked health insurance for an extended period of time, they may have complex health needs as a result of deferring care. In addition to presenting estimates of the newly insured and remaining uninsured, this issue brief discusses these and other implications of covering hundreds of thousands of Coloradans who currently lack health care coverage.

WHO IS UNINSURED IN COLORADO?

To understand how state and federal health reform increases the number of individuals with health insurance coverage, three characteristics of the uninsured, illustrated in Graph 2, are important to keep in mind:

- Hundreds of thousands of Coloradans lack health coverage. Estimates of the uninsured population in Colorado vary from 678,000 to 800,000 Coloradans. CHI estimates that in 2008 approximately 800,000 individuals in Colorado were uninsured (see sidebar for more information).
- The majority of uninsured Coloradans are working-age adults—624,000 people between the ages of 19 and 64 years old. Another 176,000 of the uninsured are children ages 0-18.
- The majority of uninsured adults and children live in families with incomes under 400

Why do health insurance estimates differ?

Estimating the number of uninsured is achieved by surveying individuals and families in the population. A respondent is asked about his or her source(s) of coverage, as well as coverage of family members. State and federal surveys tend to produce different estimates. In 2008, estimates of the number of uninsured Coloradans ranged from 678,000 (Colorado Household Survey) to more than 800,000 (American Community Survey).

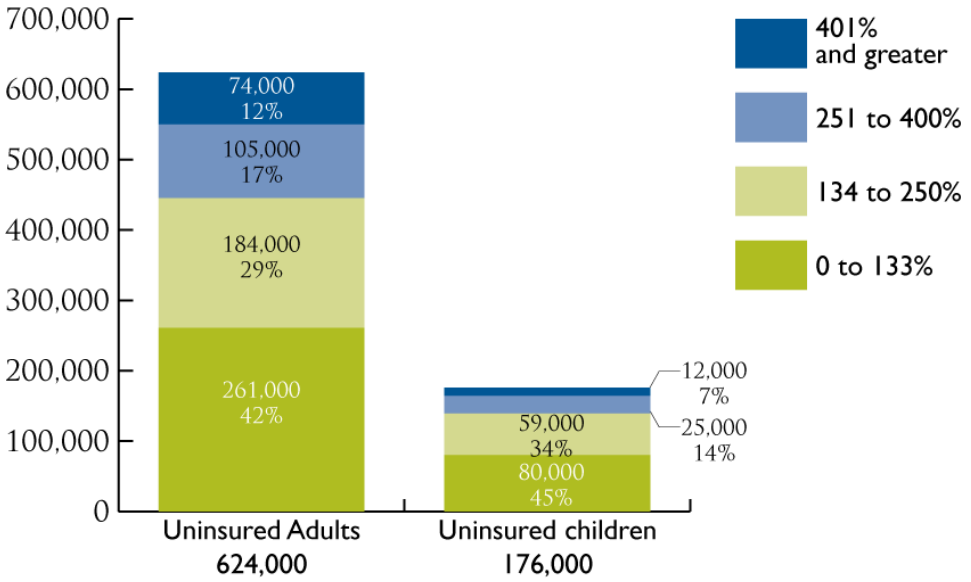
Three factors may influence the estimates and explain why they differ:

- *Methods*: How the survey is conducted
- *Definitions*: How the survey defines insurance and uninsurance
- *Reporting period*: Whether the estimate is reporting uninsurance at the time of the survey, over the past year or some other time period.

While factors differ, the conclusion of each survey is the same: Hundreds of thousands of Coloradans lack health insurance. The importance of these surveys is twofold: First, they provide reasonably accurate estimates. Second, over time, when consistently administered, they measure how the rate and number of uninsured in the state is changing.

percent of the federal poverty level (FPL). In 2008, 400 percent of FPL was $41,600 for an individual and $84,800 for a family of four.

Graph 2. Uninsured adults and children by income as a percentage of FPL, Colorado, 2008



SOURCE: CHI analysis of 2008 American Community Survey

How health reform expands health insurance

The keystone of state and national health reform is the expansion of publicly financed and private insurance coverage. Because the majority of uninsured individuals are low- and middle-income working-age adults, efforts have focused on expanding public coverage to low-income adults and subsidizing the purchase of private insurance by middle-income individuals and families.

Two major legislative initiatives approved recently are designed to increase health insurance coverage. The first is the *Colorado Health Care Affordability Act of 2009* (HB09-1293), passed by the Colorado General Assembly. This act:

- Assesses a fee on Colorado hospitals to leverage federal dollars and fund Medicaid and CHP+ expansions;
- Expands CHP+ eligibility for children and pregnant women from 205 percent to 250 percent of FPL, and Medicaid eligibility for parents with low-income children from 60 percent of FPL to 100 percent, effective May 1, 2010; and,
- Offers, for the first time in Colorado, Medicaid coverage to working-age adults without dependent children with incomes up to 100 percent of FPL beginning in 2012.

The second major piece of legislation is the federal health care reform law, the *Patient Protection and Affordable Care Act* (ACA) of 2010. The ACA employs the same approach to provide

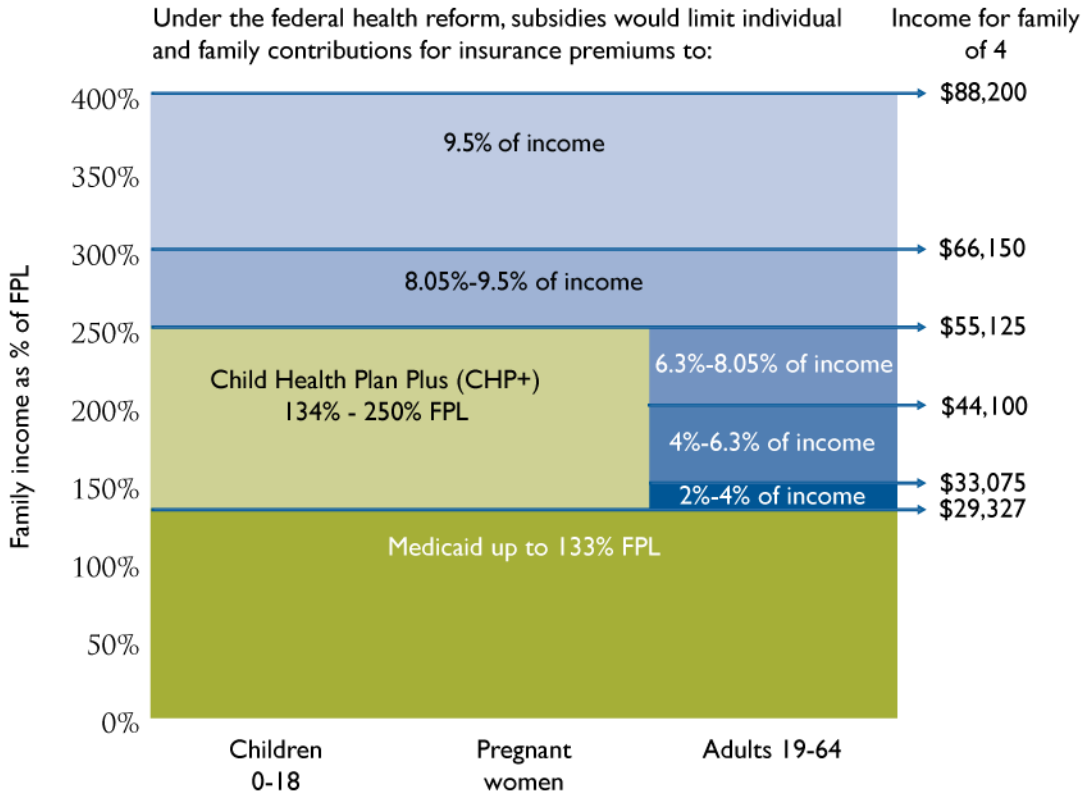
insurance to more low-income children and adults by expanding Medicaid eligibility to all individuals and families with incomes up to 133 percent of FPL.

The ACA includes additional provisions to address uninsured populations who are not eligible for publicly financed health insurance:

- Insurance reforms that include prohibiting the denial of insurance for individuals with pre-existing health conditions;
- Incentives for small employers to provide affordable health insurance to their employees and penalties for large employers who do not;
- An individual mandate that requires most citizens and legal residents to obtain health insurance and penalties for those who do not;
- A state-based health insurance exchange which will serve as a marketplace for businesses and consumers to review, compare and purchase health insurance; and,
- Subsidies to help individuals and families with incomes between 134 percent and 400 percent of FPL purchase insurance on the state health insurance exchange. The subsidies will limit family expenditures for health insurance premiums to between 2 and 9.5 percent of taxable income.

Graph 3 displays the new eligibility levels for families and individuals for the Medicaid and CHP+ programs after state and federal insurance expansions. Also included in the graph are eligibility levels for the federal subsidies to help uninsured Americans purchase health insurance on the state health insurance exchange. Together, the Medicaid and CHP+ expansions and the new federal subsidies would be available to the majority of the currently uninsured population displayed earlier in Graph 2. It is important to note that not all of the uninsured individuals are likely to apply for and enroll in the programs available to them.

Graph 3. Eligibility for publicly financed or subsidized health care coverage under state and federal health reform



WHO WILL BE NEWLY INSURED AFTER HEALTH REFORM AND WHY DOES IT MATTER?

Working-age adults

The majority of the newly insured are anticipated to be adults between the ages of 19 and 64; CHI estimates that 442,000 working-age adults will be newly insured. The newly insured adults will fall into three fairly equally sized categories, illustrated in Graph 4:

- *Employer-sponsored insurance (ESI)*: Approximately 24 percent, or 152,000 adults, will choose to be covered through their or a family member's employer. Many of the adults in this estimate are currently employed or have an employed family member who is eligible for coverage. To comply with the individual mandate, many of these adults are likely to enroll in insurance that is already offered through their employer. Some businesses that did not previously offer health insurance to their employees may take advantage of incentives in ACA and begin offering coverage.
- *Private health insurance*: CHI estimates that 131,000 newly insured adults (21%) are likely to purchase private health insurance. Approximately 103,000 of these adults will be eligible for federal subsidies and therefore may purchase insurance through the newly created health insurance exchange. The remaining adults will be able to purchase insurance either on the exchange or in the private market outside the exchange. Currently uninsured adults choosing to purchase private insurance are likely to be self-

employed adults, employees of firms that do not offer employer-sponsored insurance or adults who are not in the workforce.

- *Medicaid*: Of newly insured adults, 26 percent (159,000) are estimated to become eligible for and enroll in the newly expanded Medicaid program. These Medicaid eligible adults include adults without dependent children, many of whom have not been eligible for Medicaid before in Colorado.

A number of Coloradans will still lack health insurance after implementation of health reform. CHI estimates that if state and federal insurance provisions were enacted today, 182,000 uninsured working-age Coloradans would remain uninsured. This group is discussed on p. 9 ("Who will remain uninsured after health reform?").

Children

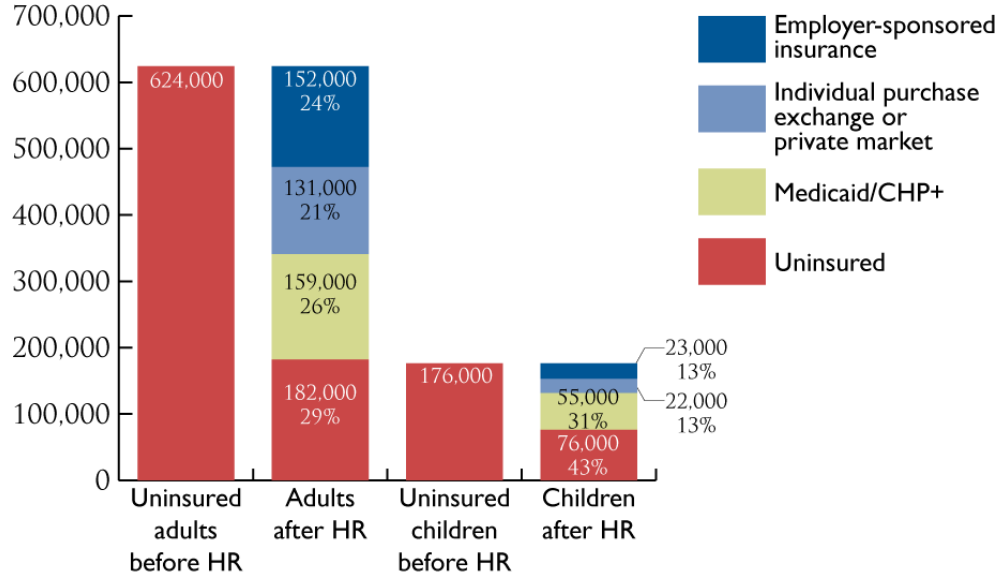
The number of uninsured children is estimated to decrease from 176,000 to 76,000 after reforms are implemented. Like the newly insured adults, these children will fall into three categories, illustrated in Graph 4:

- *Employer-sponsored insurance (ESI)*: CHI estimates that 23,000 children will be newly covered by ESI as a result of an employed parent enrolling in his or her employer's insurance plan.
- *Private health insurance*: CHI estimates 22,000 children are likely to be enrolled in private insurance by their parents. Of those, approximately 15,000 live in families eligible for subsidies and may be enrolled in insurance plans offered on the health insurance exchange.
- *Medicaid*: Approximately 55,000 of the 100,000 newly insured children are likely to enroll in Medicaid and CHP+ as a result of the expansions. CHI projects that a number of children who are currently eligible but not enrolled will likely enroll as a result of continued and enhanced enrollment measures supported by the ACA.

CHI estimates that approximately 76,000 or 43 percent of currently uninsured children ages 0-18 will remain uninsured after reform. The uninsured rate for children after health reform implementation is estimated to be 5.8% percent.

Note that CHI estimates that a total of 118,000 adults and children who are eligible for subsidies will enroll in health insurance through Colorado's health insurance exchange. The estimates presented in this analysis should not be interpreted as the total number of individuals who will enroll in the exchange, however. The exchange estimates do not include adults who currently have employer or private insurance but may become eligible and apply for Medicaid or subsidized insurance after health reform implementation.

Graph 4. Health insurance status among uninsured adults and children in Colorado before and after health reform (HR)



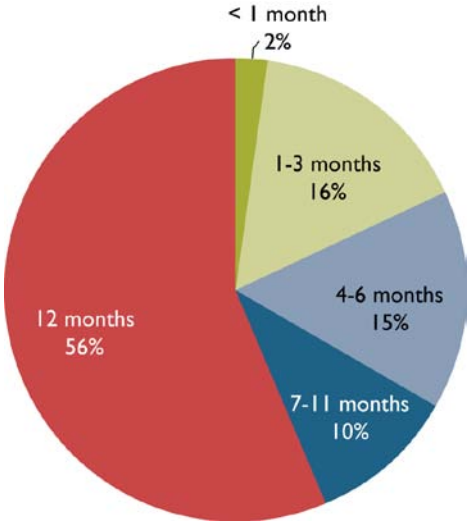
SOURCE: CHI analysis of 2008-09 Colorado Household Survey and 2008 American Community Survey

IMPLICATIONS OF EXPANDING COVERAGE

CHI prepared the estimates in this analysis to give policymakers and health care providers a sense of the size of the newly insured population for planning purposes. Analysis of the COHS provides insights into the health status and health care needs of the newly insured population.

According to the COHS, more than half of uninsured Coloradans reported being uninsured for at least 12 months (Graph 5). Evidence suggests that because many have lacked insurance for extended periods of time, they have likely foregone needed and/or preventive care. For example, the uninsured in Colorado are significantly more likely than the insured to forego a needed physician visit or not fill a prescription due to cost.[3] Similarly, a recent Centers for Disease Control and Prevention analysis found that in 2009 adults aged 18-64 years with no health insurance for the previous 12 months were seven times more likely to go without needed health care because of cost compared to those with continuous insurance coverage.[4]

Graph 5. Duration of uninsurance for Coloradans uninsured at some point in the prior 12 months, 2008-09



SOURCE: 2008-09 Colorado Household Survey, Colorado Department of Health Care Policy and Financing, analyzed by the Colorado Health Institute

What does this mean for health care providers? Experience from other states suggests that delayed care may result in high utilization of services by newly insured people. This is particularly true for low-income adults without dependent children who have not been eligible for Medicaid benefits prior to state and federal health reform. For example, after expanding eligibility to this group, analysts in Indiana reported the newly insured had nearly three times as many inpatient services per capita than a similar, commercially insured population in the first year of enrollment.[5] In addition, studies of similar expansion populations in other states suggest that low-income adults without children are more likely to have one or more chronic conditions.[6,7]

The total number of newly insured Coloradans, plus the types of care they may require, are likely to create some strain on the Colorado's health care workforce. The federal health reform legislation, however, contains a number of provisions to increase the primary care workforce over time. For example: the ACA increases National Health Service Corps funding for scholarships and loan repayment for primary care physicians, physician assistants and nurse practitioners who agree to practice in Health Professional Shortage Areas—areas that have too few health care professionals to serve people who live there.

In addition, the Public Health Service Act has been amended to expand primary care education and training programs for physicians, dentists and nurses. CHI will continue to develop metrics to estimate changes in demand, assess the current supply of providers and monitor the progress of the implementation of the workforce provisions.

A map and table in the appendix display CHI's estimates of how the newly insured will be distributed around the state after health reform. Due to evidence of increasing utilization once individuals gain coverage, policymakers should pay particular attention to capacity and workforce issues to ensure that newly insured individuals have access to care. For example, in some Colorado counties in the northwestern and southwestern regions, more than 20 percent of the counties' populations will become newly insured. These counties had uninsured rates as high as 30 percent in 2008. Douglas County, with the lowest current uninsured rate, is projected to have the lowest percent increase (5.1%) in newly insured after health reform.

WHO WILL REMAIN *UNINSURED* AFTER HEALTH REFORM?

CHI estimates that the uninsured rate among Coloradans ages 0 to 64 years old will drop from 18.6 percent to 6.0 percent after the health reform provisions are fully implemented. Of the 800,000 currently uninsured Coloradans, CHI estimates that about one-third, or 258,000 individuals, will still be without health insurance. Among the uninsured, 182,000 (71%) will be adults and 76,000 (29%) will be children.

There are several reasons why some Coloradans will remain uninsured after health reform:

- Certain groups of people are exempt from the individual mandate in the federal law, including individuals with financial hardship or religious exemptions, individuals lacking coverage for fewer than three months, incarcerated individuals and Native Americans.
- Individuals below the tax-filing threshold ($9,345 in 2009 for a single individual and $19,300 for a single parent family of 3) will not be penalized for lacking insurance. Many of these individuals will be eligible for Medicaid, and there are no penalties for not applying for Medicaid.
- Individuals may choose to pay the tax penalty (2.5% of taxable income) instead of purchasing insurance.
- Individuals who lack legal documentation are not eligible for public insurance or subsidies to purchase private insurance on the health insurance exchange.
- Vulnerable Coloradans, particularly those with low family incomes, may be at risk of "falling through the cracks" as employment and income fluctuate throughout the course of the year and subsequently change their eligibility for Medicaid, CHP+ or subsidies to purchase private insurance.

Finally, knowing why Coloradans are *currently* uninsured is important in understanding why many will remain uninsured and what the policy implications of that are. A recent CHI analysis of the COHS revealed that 14 percent of uninsured Coloradans reported they did not know how to get health insurance.[8] A major provision in the federal legislation is the creation of state-based insurance exchanges to enable consumers to compare and purchase insurance products. In addition, a number of provisions in the federal legislation support outreach and enrollment assistance to help individuals and families apply for and enroll in public and private

insurance plans. Effective outreach efforts will be key in determining how many Coloradans sign up for the insurance coverage for which they're eligible.

The same analysis also found that nine in 10 uninsured Coloradans cited the high cost of health insurance as a reason why they were uninsured. Federal subsidies provided to individuals and families with incomes between 133 percent and 400 percent of poverty are intended to reduce family expenditures for health insurance premiums and out-of-pocket health care expenditures. The extent to which the subsidies make health insurance affordable will influence whether Coloradans purchase health insurance.

METHODS AND FACTORS INFLUENCING ASSUMPTIONS

For this analysis, CHI used two data sources: the 2008-09 COHS and the 2008 ACS. The COHS was a telephone-administered survey that included 10,000 randomly selected households surveyed between November 2008 and March 2009. Sponsored by the Colorado Department of Health Care Policy and Financing and funded by The Colorado Trust, the COHS was designed to provide real-time information about the factors that contribute to the likelihood of having health insurance as well as baseline information about coverage, access and affordability in anticipation of state and national health reforms. CHI served as the survey administrator. Estimates of the uninsured are based on the individual being uninsured at the time of the survey. The COHS did not determine citizenship status.

The ACS is administered annually by the U.S. Census Bureau to approximately 38,000 households in Colorado. It includes data on demographic, socioeconomic and housing characteristics. In 2008, a health insurance item was added to the questionnaire.[9] The 2008 ACS uninsured estimate of 800,000 Coloradans excludes approximately 11,000 individuals for whom income and poverty information was not available. County-level estimates of the uninsured after implementation of health reform are based on CHI's estimates from the 2008 ACS of the current distribution of uninsured around the state. Uninsured rates will be similar among rural counties in the same geographic region.

CHI used COHS data to develop analytic assumptions about enrollment in health insurance, employer offer of coverage benefits, employment characteristics and length of uninsurance. These assumptions were then applied to ACS uninsured estimates. CHI utilized the ACS due to the annual availability of data. Unless otherwise noted, estimates for both surveys are limited to individuals ages 0-64 years and are based on the individual being uninsured at the time of the survey. The analysis is a snapshot of recent data and assumes that insurance expansion programs are fully mature. In other words, if health reform were implemented today, how many currently uninsured Coloradans would be eligible for those programs? The estimates do not account for state population growth over the course of implementation.

In developing this analysis, CHI conducted an extensive literature search to provide an evidence basis for the assumptions. Because many of the ACA's strategies to expand health coverage are largely unprecedented, questions have been raised about the benefits and unintended consequences of these approaches. For example:

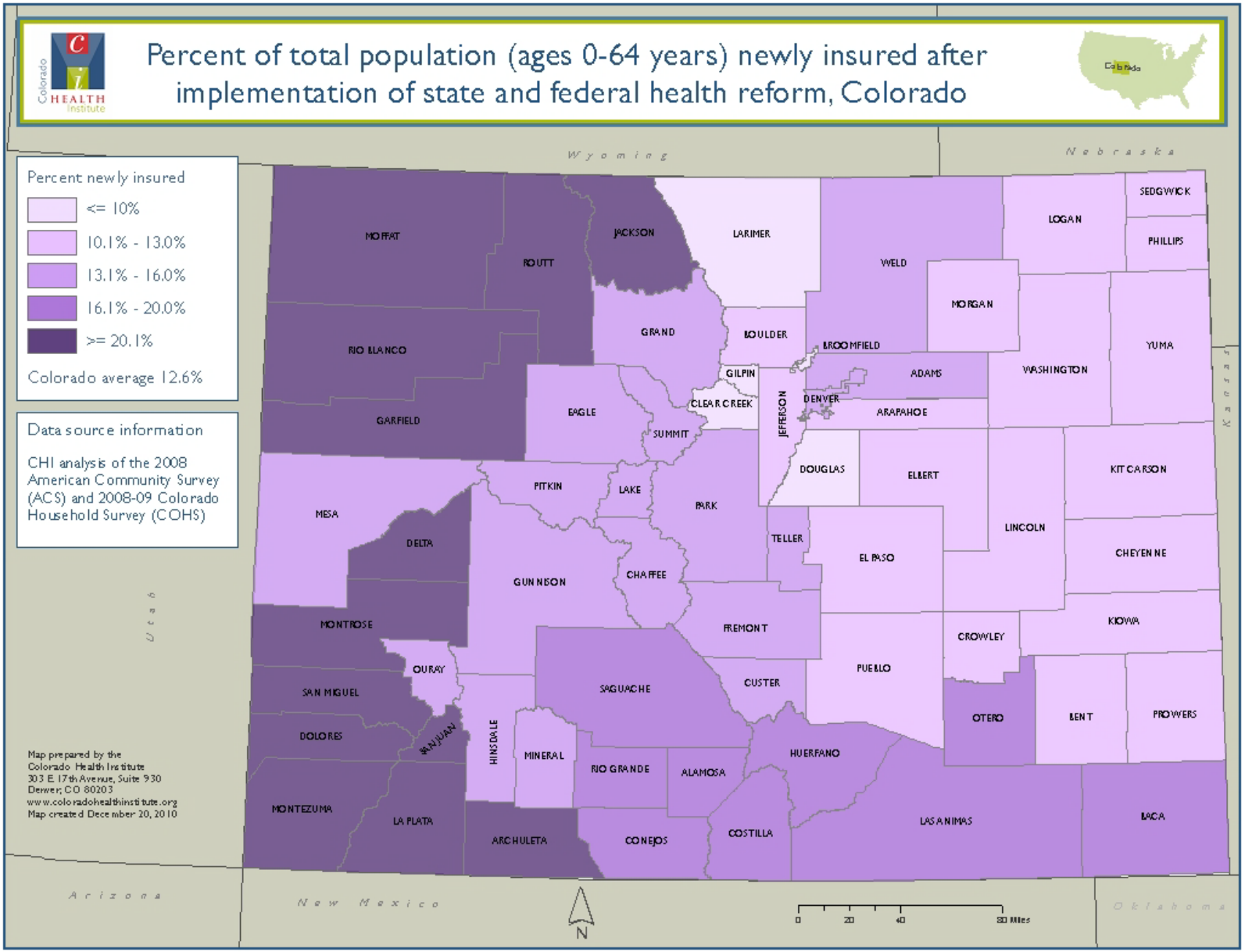
- Will small businesses drop health insurance coverage because it will be more cost-effective for their employees to purchase it on the health insurance exchange?
- Are the tax penalties enough to encourage most people to comply with the mandate to be covered?
- Will eligible individuals currently covered by employer-sponsored insurance drop their coverage to be enrolled in Medicaid or other publicly financed health insurance?

CHI will be closely monitoring the effects of these provisions as they are implemented and modify assumptions and estimates as needed. The importance of evaluating and understanding the effects of these provisions necessitates having reliable sources of data such as the ACS and the COHS.

Further questions about the assumptions used in this analysis can be directed to Jeff Bontrager at BontragerJ@ColoradoHealthInstitute.org or Allison Summerton at SummertonA@ColoradoHealthInstitute.org.

For more information on Coloradans' health insurance status, visit www.ColoradoHealthInstitute.org.

This issue brief is part of a series of CHI publications on findings from the Colorado Household Survey funded by The Colorado Trust. For more COHS issue briefs, maps, regional profiles and analyses, visit http://www.coloradohealthinstitute.org/householdsurvey.


Percent of total population (ages 0-64 years) newly insured after implementation of state and federal health reform, Colorado
Colorado HEALTH Institute
Percent newly insured
<= 10%
10.1% - 13.0%
13.1% - 16.0%
16.1% - 20.0%
>= 20.1%
Colorado average 12.6%
Data source information
CHI analysis of the 2008 American Community Survey (ACS) and 2008-09 Colorado Household Survey (COHS)
Map prepared by the Colorado Health Institute
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Map created December 20, 2010
Wyoming
Nebraska
Kansas
Utah
Arizona
New Mexico
Oklahoma
MOFFAT
ROUTT
JACKSON
LARIMER
WELD
LOGAN
SEDGWICK
PHILLIPS
MORGAN
YUMA
WASHINGTON
RIO BLANCO
GRAND
BOULDER
BROOMFIELD
GILPIN
ADAMS
GARFIELD
EAGLE
CLEAR CREEK
JEFFERSON
DENVER
ARAPAHOE
SUMMIT
DOUGLAS
ELBERT
KIT CARSON
PITKIN
LAKE
PARK
MESA
TELLER
LINCOLN
DELTA
EL PASO
CHEYENNE
GUNNISON
CHAFFEE
FREMONT
KIOWA
MONTROSE
CROWLEY
OURAY
PUEBLO
CUSTER
SAN MIGUEL
SAGUACHE
OTERO
BENT
PROWERS
DOLORES
SAN JUAN
HINSDALE
MINERAL
RIO GRANDE
ALAMOSA
HUERFANO
MONTEZUMA
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ARCHULETA
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Appendix 1. Colorado insured and uninsured after Health Reform (HR) implementation

Counties	Total population Ages 0-64	Currently uninsured Ages 0-64	Current uninsured rate	Newly insured Ages 0-64	Uninsured after HR Ages 0-64	Uninsured rate after HR	Newly insured after HR
Adams	385,059	79,123	20.5%	53,634	25,489	6.6%	13.9%
Alamosa	12,141	2,953	24.3%	2,001	951	7.8%	16.5%
Arapahoe	478,268	83,153	17.4%	56,366	26,787	5.6%	11.8%
Archuleta	9,712	3,003	30.9%	2,036	967	10.0%	21.0%
Baca	3,664	891	24.3%	604	287	7.8%	16.5%
Bent	4,836	870	18.0%	589	280	5.8%	12.2%
Boulder	264,119	40,040	15.2%	27,141	12,899	4.9%	10.3%
Broomfield	43,670	5,523	12.6%	3,744	1,779	4.1%	8.6%
Chaffee	12,330	2,773	22.5%	1,880	893	7.2%	15.2%
Cheyenne	1,799	323	18.0%	219	104	5.8%	12.2%
Clear Creek	8,484	746	8.8%	506	240	2.8%	6.0%
Conejos	6,814	1,657	24.3%	1,123	534	7.8%	16.5%
Costilla	2,971	723	24.3%	490	233	7.8%	16.5%
Crowley	4,449	800	18.0%	542	258	5.8%	12.2%
Custer	2,659	598	22.5%	405	193	7.2%	15.2%
Delta	27,310	8,445	30.9%	5,724	2,721	10.0%	21.0%
Denver	527,403	124,778	23.7%	84,582	40,197	7.6%	16.0%
Dolores	1,809	559	30.9%	379	180	10.0%	21.0%
Douglas	257,115	19,523	7.6%	13,234	6,289	2.4%	5.1%
Eagle	42,545	9,433	22.2%	6,394	3,039	7.1%	15.0%
El Paso	520,141	86,558	16.6%	58,674	27,884	5.4%	11.3%
Elbert	16,023	2,881	18.0%	1,953	928	5.8%	12.2%
Fremont	35,031	7,878	22.5%	5,340	2,538	7.2%	15.2%
Garfield	45,847	14,901	32.5%	10,100	4,800	10.5%	22.0%
Gilpin	4,329	381	8.8%	258	123	2.8%	6.0%
Grand	12,707	2,817	22.2%	1,910	908	7.1%	15.0%
Gunnison	14,253	3,160	22.2%	2,142	1,018	7.1%	15.0%
Hinsdale	807	179	22.2%	121	58	7.1%	15.0%
Huerfano	6,378	1,551	24.3%	1,051	500	7.8%	16.5%
Jackson	1,651	537	32.5%	364	173	10.5%	22.0%
Jefferson	480,930	73,769	15.3%	50,004	23,764	4.9%	10.4%
Kiowa	1,308	235	18.0%	159	76	5.8%	12.2%

Counties	Total population Ages 0-64	Currently uninsured Ages 0-64	Current uninsured rate	Newly insured Ages 0-64	Uninsured after HR Ages 0-64	Uninsured rate after HR	Newly insured after HR
Kit Carson	6,459	1,161	18.0%	787	374	5.8%	12.2%
La Plata	43,114	13,332	30.9%	9,037	4,295	10.0%	21.0%
Lake	7,978	1,769	22.2%	1,199	570	7.1%	15.0%
Larimer	257,365	32,079	12.5%	21,745	10,334	4.0%	8.4%
Las Animas	12,336	3,000	24.3%	2,034	966	7.8%	16.5%
Lincoln	4,908	882	18.0%	598	284	5.8%	12.2%
Logan	16,532	2,973	18.0%	2,015	958	5.8%	12.2%
Mesa	121,630	27,767	22.8%	18,822	8,945	7.4%	15.5%
Mineral	849	188	22.2%	128	61	7.1%	15.0%
Moffat	13,803	4,486	32.5%	3,041	1,445	10.5%	22.0%
Montezuma	23,382	7,230	30.9%	4,901	2,329	10.0%	21.0%
Montrose	32,803	10,143	30.9%	6,876	3,268	10.0%	21.0%
Morgan	21,908	3,939	18.0%	2,670	1,269	5.8%	12.2%
Otero	16,477	4,007	24.3%	2,716	1,291	7.8%	16.5%
Ouray	3,822	847	22.2%	574	273	7.1%	15.0%
Park	11,025	2,479	22.5%	1,681	799	7.2%	15.2%
Phillips	3,612	649	18.0%	440	209	5.8%	12.2%
Pitkin	15,188	3,368	22.2%	2,283	1,085	7.1%	15.0%
Prowers	11,678	2,100	18.0%	1,423	676	5.8%	12.2%
Pueblo	126,521	23,735	18.8%	16,089	7,646	6.0%	12.7%
Rio Blanco	6,267	2,037	32.5%	1,381	656	10.5%	22.0%
Rio Grande	10,070	2,449	24.3%	1,660	789	7.8%	16.5%
Routt	20,615	6,700	32.5%	4,542	2,158	10.5%	22.0%
Saguache	4,800	1,167	24.3%	791	376	7.8%	16.5%
San Juan	548	169	30.9%	115	55	10.0%	21.0%
San Miguel	6,470	2,001	30.9%	1,356	645	10.0%	21.0%
Sedgwick	2,215	398	18.0%	270	128	5.8%	12.2%
Summit	24,049	5,332	22.2%	3,614	1,718	7.1%	15.0%
Teller	15,605	3,509	22.5%	2,379	1,131	7.2%	15.2%
Washington	3,972	714	18.0%	484	230	5.8%	12.2%
Weld	225,173	47,884	21.3%	32,459	15,426	6.9%	14.4%
Yuma	7,935	1,427	18.0%	967	460	5.8%	12.2%
Total for Colorado	4,315,671	800,686	18.6%	542,749	257,937	6.0%	12.6%

[1] The Child Health Plan Plus (CHP+) program provides low-cost public health insurance for Colorado's uninsured children and pregnant women. Medicaid is a health insurance program for low-income parents, children and elderly, and people with disabilities. Both are jointly financed between the state and federal government. For more information on CHP+, see http://www.chpplus.org/. For more on Colorado's Medicaid program, see: http://www.colorado.gov/cs/Satellite/HCPF/HCPF/1251569392348.

[2] State health insurance exchanges are health insurance "marketplaces" required by the Affordable Care Act to be operational in each state by 2014 for individuals and small employer groups. State-based exchanges are to enable individuals and small business to shop for, compare and enroll in private health insurance, Medicaid or Child Health Plan Plus program through any of four ways: online, in-person, by phone or mail.

[3] The Colorado Trust. (June 2010). *The Magnitude of Underinsurance in Colorado.* (Retrieved December 18, 2010, from: http://www.coloradotrust.org/attachments/0001/2839/IssueBrief_Uninsurance_6-02-10final.pdf).

[4] U.S. Centers for Disease Control and Prevention. (2009) Vital Signs: Health Insurance Coverage and Health Care Utilization, United States, 2006-2009 and January - March 2010. (Retrieved December 12, 2010, from: http://www.cdc.gov/mmwr/preview/mmwrhtml/mm59e1109a1.htm).

[5] Demler, Rob. (2009) *Experience Under the Healthy Indiana Plan: The short-term cost challenges of expanding coverage to the uninsured*. (Retrieved December 14, 2010, from: http://publications.milliman.com/research/health-rr/pdfs/experience-under-healthy-indiana.pdf).

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[7] Sommers, Stephen, et al. (2010). *Covering Low-income Childless Adults in Medicaid: Experiences from selected states, Center for Health Care Strategies, Inc.* (Retrieved December 14, 2010, from: http://www.chcs.org/publications3960/publications_show.htm?doc_id=1261143)

[8] Colorado Health Institute. (2010). *Why Coloradans Are Uninsured and the Likely effects of Health care Reform.* Available at: http://www.coloradohealthinstitute.org/Publications/2010/11/COHS-Why-Uninsured.aspx.

[9] In November 2010, the U.S. Census Bureau retrospectively adjusted the 2008 uninsured estimates. The adjustment resulted in a slight decrease of the uninsured rate in Colorado from 17% to 16%. The analysis presented in this paper does not include the adjusted data.

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