

Key Considerations Regarding an Expansion of Medicaid

Most uninsured Virginians are responsible hardworking people.

- 70% live in a family with at least one full or part time worker.
- Many are wage employees, whose employers deliberately limit their hours to avoid the extra costs of providing insurance.
- Others simply cannot afford their share of rapidly rising health insurance costs (*1/3 – 1/2 of take home pay*).
- A growing number are age 50-64.
- They live in every part of the state (*turn page to see map*).

Health insurance coverage keeps people working.

- Underwrites treatment and care to help those with chronic illnesses (*diabetes, hypertension*) stay well enough to keep working.
- Helps address sudden, unforeseen events (*accidents, injuries, cancer*) by providing treatment so people can get back to work quickly.
 - ♦ The alternative is a downward spiral due to no medical care and poor, if any, recovery. Often families lose everything.

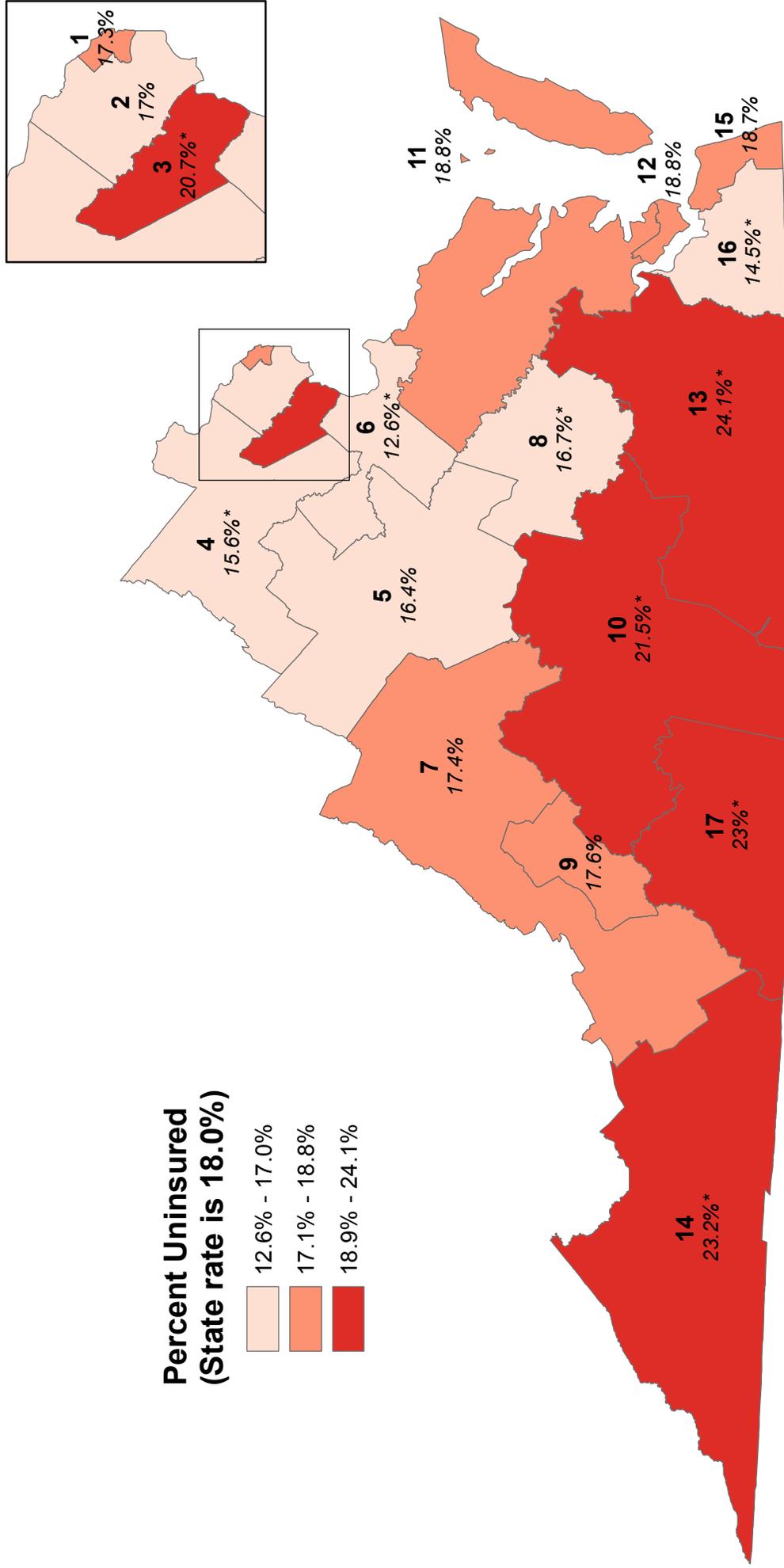
Virginia's health care safety net only has the capacity to help 30% of the uninsured eligible for its services, and typically doesn't provide all that health insurance covers.

- Free clinics turned away more than 12,000 uninsured in 2011.
- Treated 226,000 of 703,000 uninsured Virginians with incomes \leq 200% FPL in 2011.
- Dramatically expanded capacity (*by 50,000*) in past 4 years.
- Services are usually limited to primary care.

A Medicaid expansion would cover 40% of all uninsured Virginians, and make a HUGE difference in the lives of many hardworking people.



Map 6: Uninsured Rate Among Adults (19-64) in Virginia by Area¹, 2010



Source: Urban Institute, February 2012. Based on the 2010 American Community Survey (ACS) data from the Integrated Public Use Microdata Series (IPUMS) of the Minnesota Population Center.

¹ Shaded areas represent regions of Virginia which are defined in terms of counties or a combination of counties (see Table 13).

Note: Estimates reflect additional Urban Institute adjustments for the underreporting of Medicaid/CHIP and the overreporting of private nongroup coverage (See Lynch et al, 2011). Coverage estimates were developed under a grant from the Robert Wood Johnson Foundation.

* indicates that the region percentage is statistically different from the percentage for the areas in the rest of state at the .05 level.