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Just 6% in Columbus might lack insurance after Obamacare

By Ben Sutherly

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Columbus' uninsured population is projected to be 61 percent smaller in 2016 than it would be in the absence of the Affordable Care Act, according to an analysis of 14 cities released yesterday by the Robert Wood Johnson Foundation and the Urban Institute.

The study projects that Columbus will have 54,108 uninsured people in 2016. That's down from the 137,241 that would be uninsured without access to health care provided by the Affordable Care Act, both through an expansion of Medicaid and premium subsidies available through the government's health-insurance exchange.

The increased coverage would lower the city's percentage of uninsured residents from 16 percent to 6 percent. About 24 percent of the uninsured in 2016 would be immigrants in the country illegally, for whom there is no penalty for going without health coverage, the analysis found.

The foundation, based in Princeton, N.J., works to improve health care for Americans. The Urban Institute, in Washington, D.C., researches the nation's social and financial challenges.

The report also projects that federal spending on health care in Columbus will total \$6.8 billion over the next decade, with an additional \$548 million in state Medicaid and Children's Health Insurance Program spending.

"These are the first estimates of the Affordable Care Act's impact at the city level that we know of," said Matthew Buettgens, one of the study's co-authors.

The projections account for people's behavior in enrolling for coverage, when they are mandated to do so, by looking at Massachusetts' experience with near-universal health-care coverage beginning in 2006, Buettgens said. But there is some uncertainty that could influence the size of the uninsured population, such as how robust outreach efforts are in the next couple of years, he said.

In 2016, the study predicts, about 58.9 percent of nonelderly Columbus residents will have health coverage through their jobs; 27.4 percent will be covered through Medicaid; 6 percent will be uninsured; and 4.8 percent will have individual coverage through the health-insurance marketplace. (An additional 0.7 percent of nonelderly residents would have individually purchased coverage not sold through the marketplace.) The remaining 1.9 percent will be covered by Medicare or other public insurance.

The report focused on 14 cities — half of them in states that expanded Medicaid under the Affordable Care Act and half in states that did not. Ohio is expanding Medicaid.

The analysis also found significant drops in the uninsured population in other cities where Medicaid is expanding: Detroit (65.8 percent decline); Seattle (57.5 percent); Los Angeles (56.5 percent); Chicago (56.1 percent); Phoenix (54.1 percent); and Denver (48.8 percent).

The projected decline in the uninsured population was less pronounced in seven cities in the report where Medicaid expansion has not taken effect: Charlotte, N.C., (36.4 percent decline); Miami (34 percent); Indianapolis (29.1 percent); Memphis, Tenn., (28.9 percent); Houston (28.5 percent); Philadelphia (26.6 percent); and Atlanta (24.8 percent).

Researchers were looking for cities with a range of geographic and demographic diversity, Buettgens said. For example, 52 percent of Columbus' uninsured population in 2016 is projected to be white, the highest percentage among the 14 cities in the study.

Statewide, from 2014 to 2016, the number of uninsured Ohioans is predicted to decline 51 percent to 783,000, according to an analysis last year by the Urban Institute.

Amy Rohling McGee, the president of the Health Policy Institute of Ohio, noted that Columbus has a higher rate of poverty than the state as a whole. Because Medicaid expansion benefits people whose household income is under 138 percent of the federal poverty level, she said, “that is obviously playing a role here.”

Although yesterday's report makes a case for expanding Medicaid, some observers remain skeptical about whether that's sound policy.

Finite health-care dollars might be better spent on expanding community health centers and starting smoking-cessation programs, said Mike Tanner, a senior fellow with the Cato Institute, a public-policy research organization based in Washington, D.C., that advocates for limited government and free markets.

He cited a *New England Journal of Medicine* study that found that expanding Medicaid coverage in Oregon by lottery in 2008 generated no significant improvements in measured physical health outcomes in the first two years.

“Simply expanding a lousy health program to more people doesn't necessarily accomplish your goal,” Tanner said.