King County residents, especially those with U.S. citizenship, have benefitted greatly as a community from the expansion of health coverage through the Affordable Care Act. Between April of 2014 and March of 2016, the number of residents covered through Apple Care (Medicaid) and the Qualified Health Plans offered through the Health Benefit Exchange grew by 55%, from 256,000 to 396,000, an increase of 140,000 people.\textsuperscript{12}

As a result of this increase in coverage, one out of five King County residents now has health insurance through Apple Care or Qualified Health Plans.

**Substantial and Significant Decreases in the Uninsured**

These expansions have been the drivers in the noteworthy, but largely unrecognized, diminishment across the board in uninsured residents in King County, benefitting every racial and ethnic and demographic group. In 2014
alone, King County residents as a community realized a 38% proportional decrease in the uninsured. Two sets of data, one from the Washington State Office of Financial Management (OFM) and the other from King County Public Health, both validate this systemic decline in the uninsured, thanks to the positive and significant impact of the expansion of health insurance through the Affordable Care Act.³

With a 38% decrease in the rate of uninsured residents, King County has been a high performer in extending coverage, compared to a 35% drop in the uninsured across the state, and a 20% drop in the uninsured nationally.⁴

Across the board, by ethnicity, age, employment status, citizenship and income level, King County residents have benefitted from a significant increase in health insurance, as evidenced by a proportionally greater decline in the uninsured populations. In particular, African American, Asian Americans, people with incomes below 138% of federal poverty level, the unemployed, and naturalized citizens have seen an increase in overall health insurance coverage.
Considerable drops for the uninsured occurred between 2013 and 2014 within each demographic cohort:

- Ethnicity
- Employment Status
- Age
- Poverty Level
- Citizenship Status
Uninsured Rates by Employment Status

- Employed: 13.8% (2013), 8.7% (2014)
- Unemployed: 42.8% (2013), 22.0% (2014)

Uninsured Rates by Age

- 25-44: 19.0% (2013), 11.4% (2014)
- 45-64: 11.4% (2013), 7.3% (2014)

Uninsured Rates by Poverty Level

- Below 138% FPL: 39.8% (2013), 22.8% (2014)
- 138% - 199% FPL: 34.4% (2013), 22.7% (2014)
- 200% - 399% FPL: 21.1% (2013), 13.0% (2014)
- 400%+ FPL: 4.7% (2013), 3.5% (2014)
Vulnerability, Price Walls, and Affordability

This decrease in the uninsured does not mean that we have “solved” the health care crisis through implementation of the Affordable Care Act. By any measure, our current health care coverage fails to meet the standards of developed countries around the world. King County residents who have health insurance remain vulnerable to losing health coverage or not having the resources to meet their “cost-share” for health care.

There is a price wall for health insurance when a person’s income exceeds 138% of federal poverty level. With an annual income of $16,284 or less, an adult is covered by Apple Health, with minimal, if any, cost to her.\textsuperscript{5} But, if that same person gets a wage increase, so that she, for example, earns $20,650 (175% of federal poverty level), the combined premium and out-of-pocket costs can exceed $2,300 or more than 12% of his income. For a person earning $23,600 (200% of federal poverty level), the combined premium and out-of-pocket costs can exceed $2,800.\textsuperscript{6}
To illustrate this price wall, let’s take a community college student working 32 hours a week at the minimum wage in Burien. Her wage is $9.47 an hour and she works 80% time, 1,664 hours a year. Her income is $14,773 and she qualifies for AppleCare, which is no-cost health insurance. She takes a job in Seattle, working at the minimum wage for a large company that does not provide health insurance. By Seattle law, her wage is $12.50. Her income goes up to $20,800, a bit above 175% of federal poverty level, resulting in an increase of over $6,000.

She no longer qualifies for AppleCare, and so moves into the commercial health benefit exchange. Premiums, and out-of-pocket costs are subsidized by the federal government, but they can still be sizeable. If she gets ill and needs care, she can lose 40% of her increased wages – over $2,300 – to payments for her health insurance coverage. If her income increased to $29,500, she could pay as much as $6,152 for health care in premiums, and out-of-pocket costs, more than 20% of her total income.

**Who Doesn’t Have Coverage in King County**

Between 100,000 and 200,000 residents of King County do not have health insurance, in spite of the advances in coverage made possible through the Affordable Care Act. The uninsured are particularly concentrated among people living in poverty or close to poverty, the unemployed, non-citizens, Hispanics, and Native Americans. These are overlapping cohorts, with non-citizens being clustered in low income cohorts, for example, and thousands of Hispanics who have come to our state to work are both poor and do not yet have citizenship status.

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The same pattern, although with smaller percentages of uninsured, holds for the data disseminated through Washington State Office of Financial Management for health coverage in 2014.
Solutions for Advancing Health Coverage in King County

King County can advance the health improvement status of its residents, paying particular attention to those population subgroups with continued high uninsurance rates.

1. For the people with incomes less than 138% of federal poverty level, that is
   - less than $16,284 for a single person
   - less than $22,107 for a two person family
   - less than $27,820 for a three person family
   - less than $33,534 for a four person family
   - less than $39,247 for a five person family

   The county should make every effort to expedite coverage through AppleCare. Some people at this income level will not be able to gain coverage, however, because they are residents (and workers), but not citizens.

2. There is no similar easy answer regarding affordability of coverage, particularly for those with incomes between 138% and 300% of federal poverty level. Premiums and out-of-pocket costs challenge family budgets.
   - One avenue is for the County to explore re-instituting the Basic Health Plan at the county level, with the same parameters for cost-sharing that were in place when the people passed Initiative 773 in 2001 to expand Basic Health coverage.
   - Another avenue is for the county to work with the state in developing a federal basic health option within the guidelines of the Affordable Care Act.

3. The County could also work with the State and the federal government to increase the threshold for coverage under Apple Health from 138% to 150% of federal poverty level. Statewide, about 13,000 people currently in the commercial exchange coverage could move into Apple Health.⁷
4. The County could continue to dedicate and increase resources to providing care for those excluded from Affordable Care Act coverage, particularly recent immigrants. The County has already laid out an agenda for action, outlined in the July 2015 report, “Access to Health Care After the Affordable Care Act” \(^8\) and the October 2015 report, “Affordable Care Act Enrollment in King County: Early General Population Impacts.”\(^9\)

**King County, Washington state, and the United States have embarked upon systemic and significant advances for health coverage. While progress has been made, there is much more to do. This work will take innovative and creative policy development, increased public funding, and, most importantly, the political will to meet the health needs and establish health security for all residents.**

**Notes**

\(^4\) The OFM data is for the total population (that is, including Medicare recipients 65 and older, and children under 18 years old, whose coverage is very high, thanks in large part to AppleCare. The King County data focuses on the 18-64 age population. Further, OFM adjusted data to take in account an undercount of AppleCare enrollment in the 2014 American Community Survey (ACS) These differing methodologies and populations account for the difference in the rates of uninsured.  
\(^7\) Washington Health Plan Finder: [https://www.wahealthplanfinder.org/HBEWeb/Annon_ShowIndividualFamilyPlans](https://www.wahealthplanfinder.org/HBEWeb/Annon_ShowIndividualFamilyPlans)  
\(^9\) [http://www.kingcounty.gov/healthservices/health/%7e/media/health/publichealth/documents/data/Access-Health-Care-After-ACA.ashx](http://www.kingcounty.gov/healthservices/health/%7e/media/health/publichealth/documents/data/Access-Health-Care-After-ACA.ashx)  