

**RUTGERS**

THE STATE UNIVERSITY  
OF NEW JERSEY

# Health Reform in New Jersey

*CHIPRA Statewide Coalition Meeting*

*April 5, 2012*

Dorothy Gaboda, MSW, PhD  
**Center for State Health Policy**  
Rutgers University

# Sources

Jose Nova contributed to the analysis of American Community Survey (ACS) data

Kristen Lloyd, Jose Nova, Joel Cantor, and Susan Brownlee contributed to design and analysis of the New Jersey Family Health Survey (NJFHS)

The NJFHS was funded by the Robert Wood Johnson Foundation

# Questions

- How will the ACA affect coverage in New Jersey?
- Who is uninsured in New Jersey?
- Who will be hardest to reach?

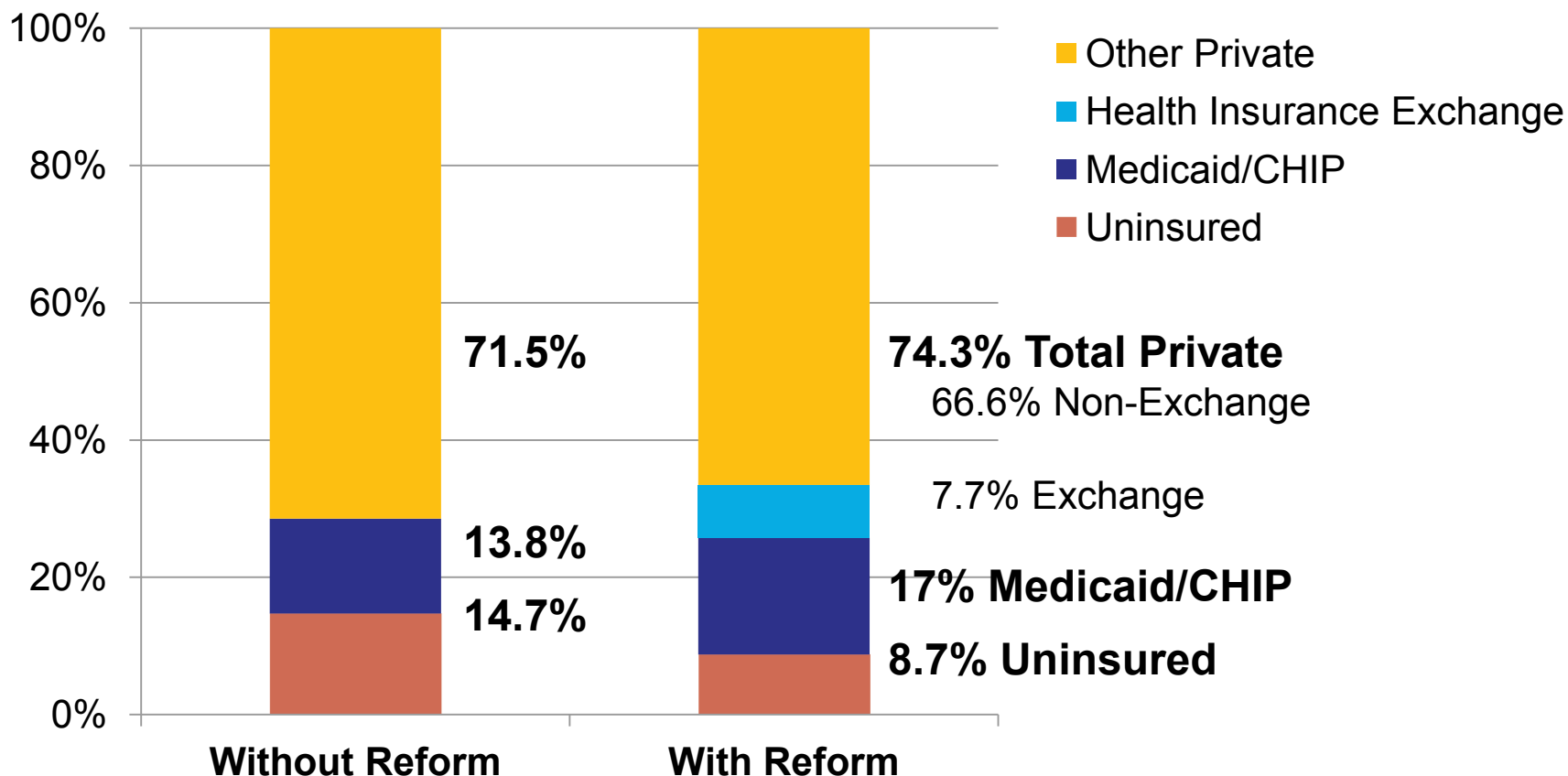
## Selected Early Impacts of ACA in New Jersey\*

- 69,000 fewer uninsured young adults (as of 6/11)
- 926 enrolled in “NJ Protect” pre-existing condition plan (3/12)
- \$31.4 million in grants to community health centers
- \$20.6 million in grants for prevention and public health
- ~\$16 million in other grants for workforce development, school-based health centers, infant/child home visiting, etc.

Source: US Dept. of Health and Human Services at [healthcare.gov](http://healthcare.gov) except NJ Protect enrollment from the NJ Dept. of Banking and Insurance

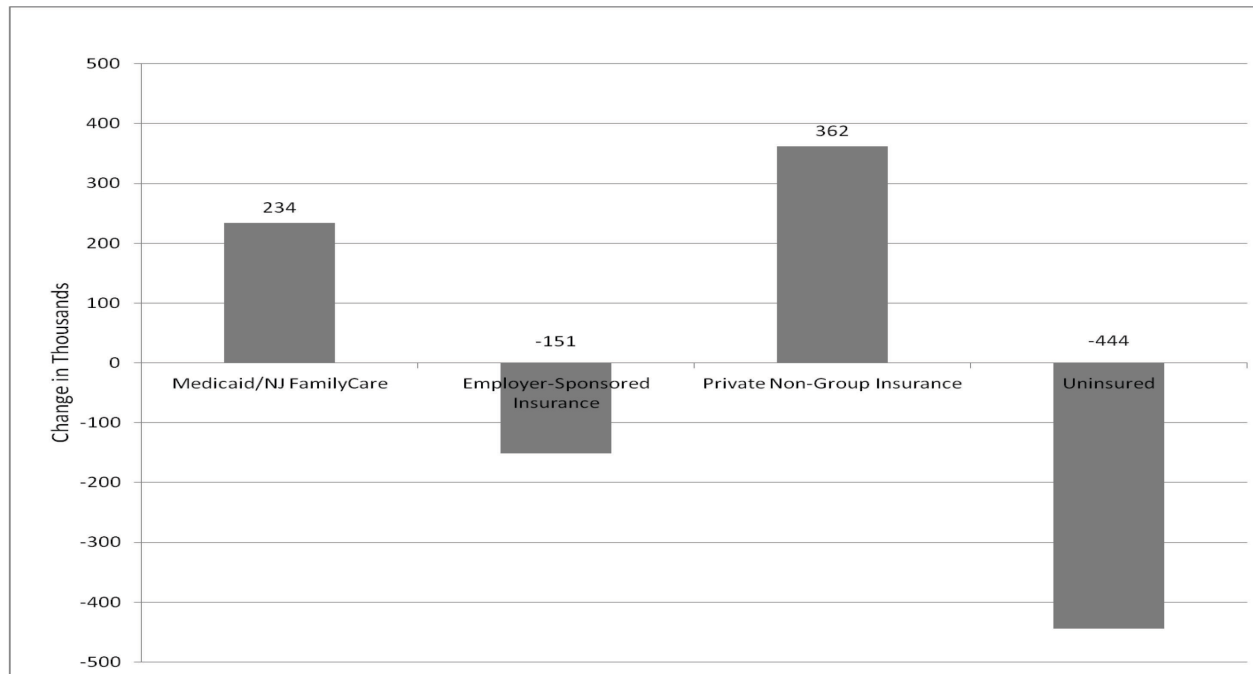
# Change in Coverage in New Jersey Under the ACA

*Non-Elderly, based on 2009 ACS*



Source: Cantor, Gaboda, Nova, Lloyd, August 2011

# Change in Health Insurance Coverage after Implementation of the ACA, 0-64



- Non-group health insurance will increase from 2.8% to 7.6% of the non-elderly
- Medicaid/NJ FamilyCare will increase from 13.6% to 16.7% of the non-elderly
- 65,000-75,000 would be eligible for a NJ Basic Health Plan (BHP)

# Who is Likely to Remain Uninsured?

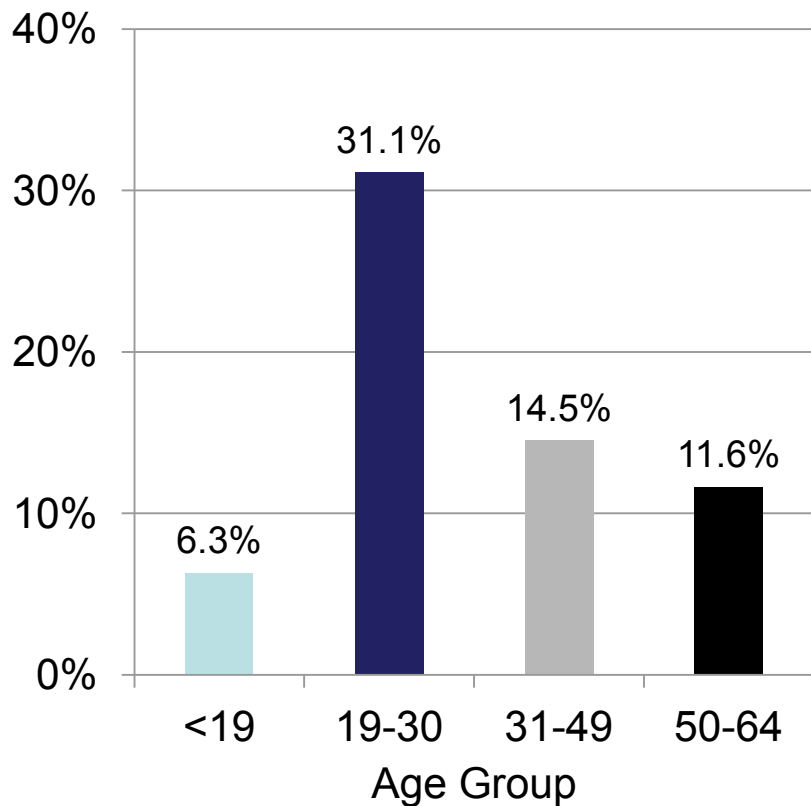
- Eligible for Medicaid but uninsured
- Unauthorized immigrants not eligible
- Affordability (premium over 9.5% of income) and other exemptions
- Pay penalty rather than buy coverage

Source: Hall and Buettgens, RWJF/Wake Forrest University/Urban Institute, March 2011

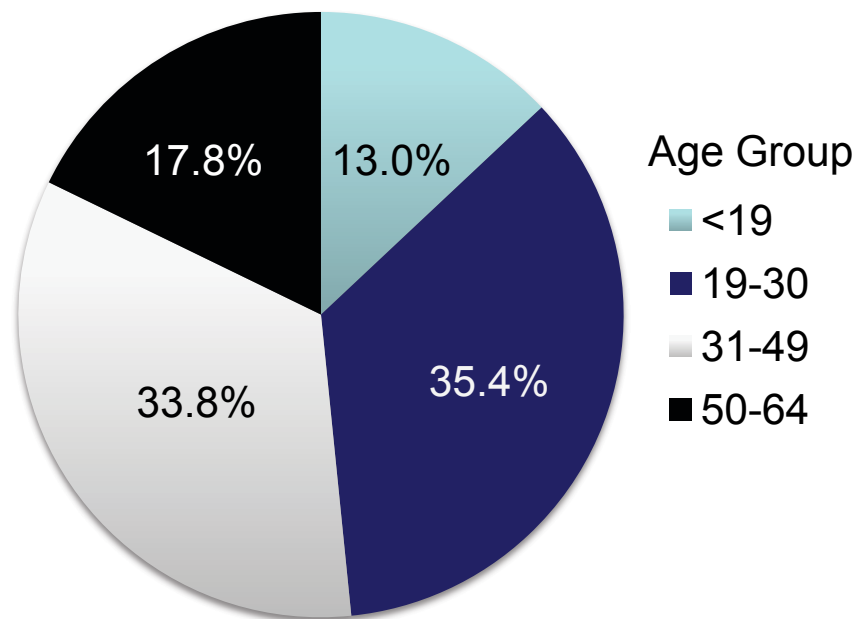
# New Jersey Uninsured by Age Group

*Non-Elderly, 2009 New Jersey Family Health Survey*

**Uninsured Rate**



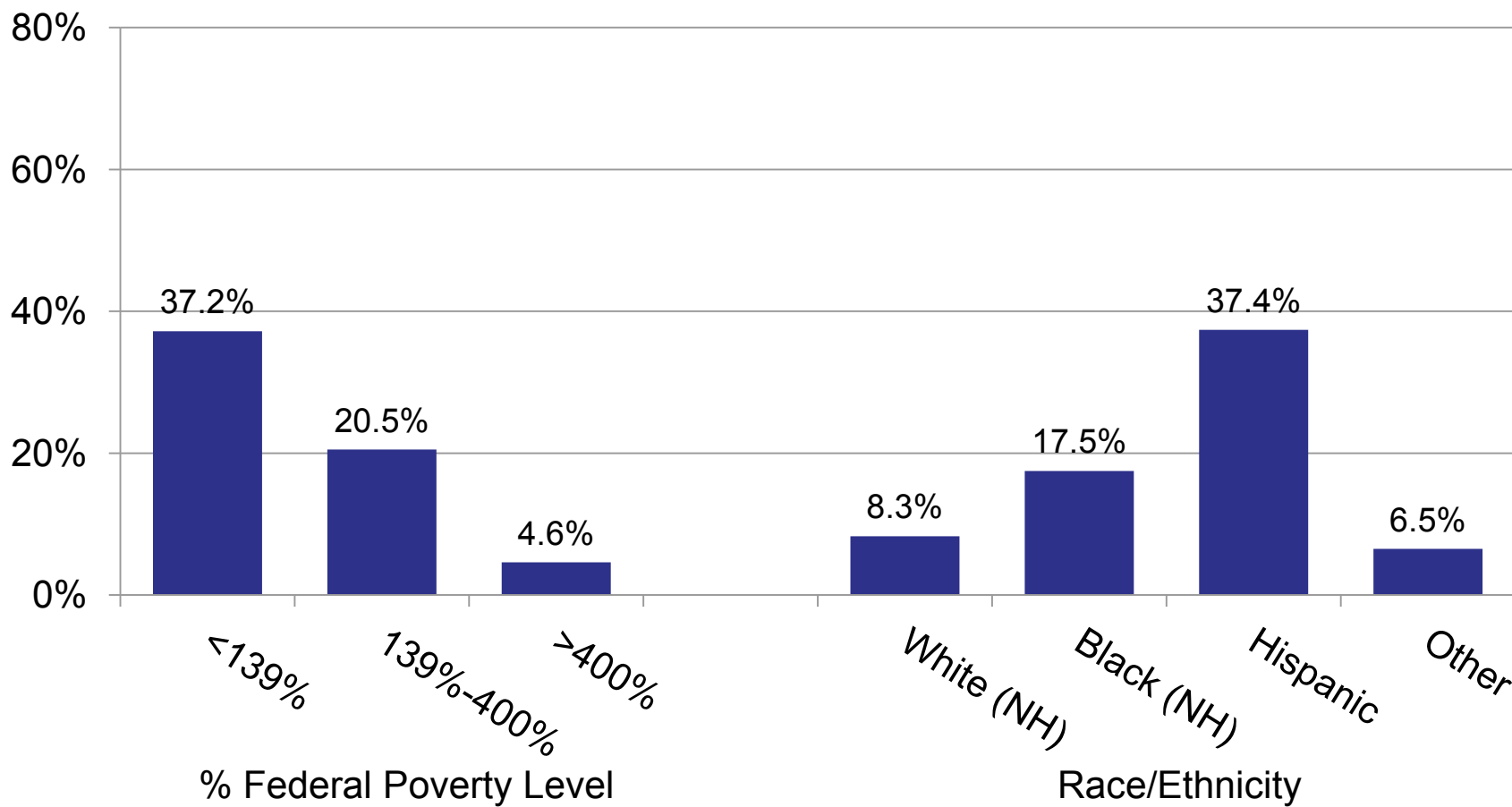
**Composition of Uninsured**





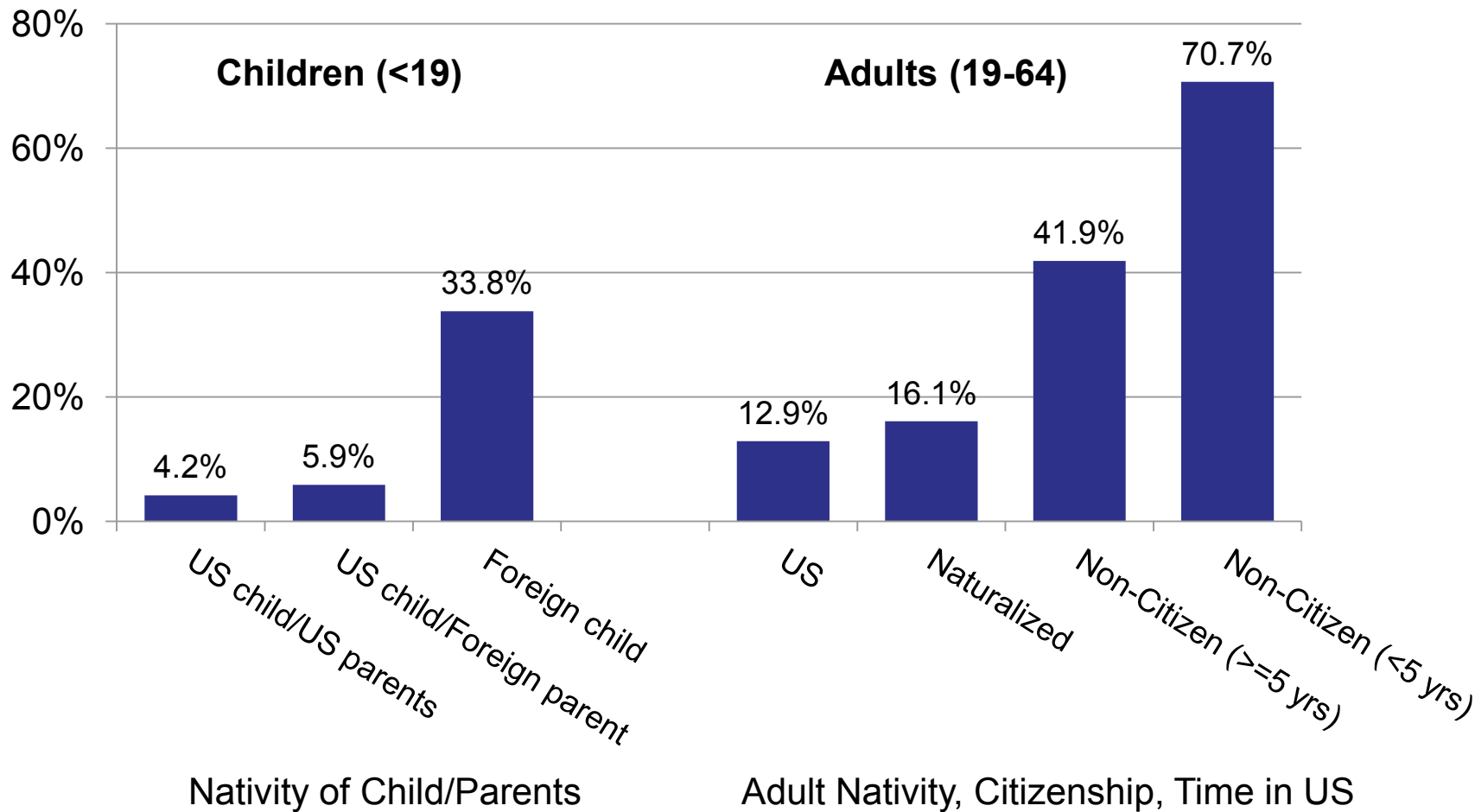
# Uninsured Rate by Income and Race/Ethnicity

*Non-Elderly, 2009 New Jersey Family Health Survey*



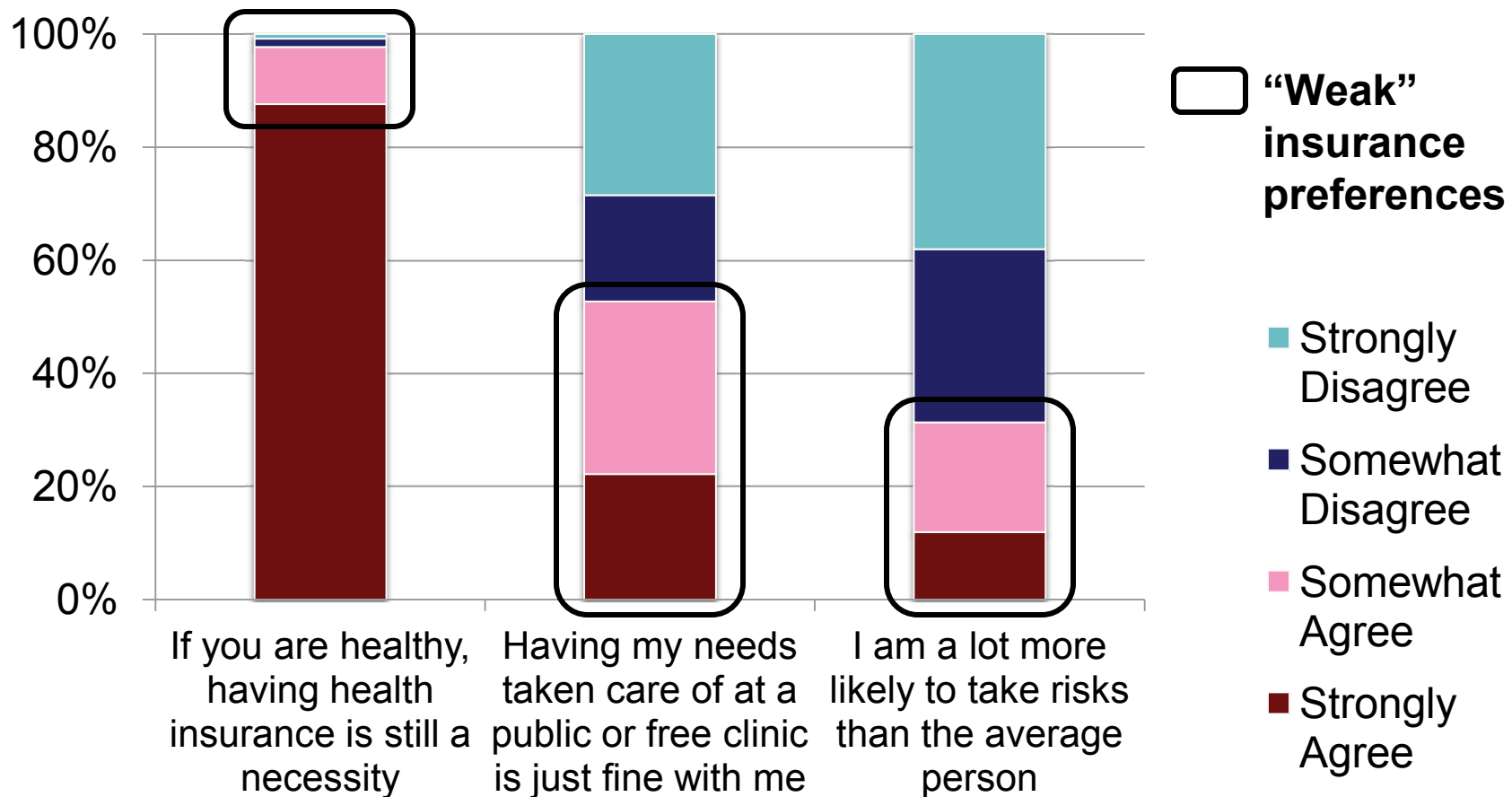
# Uninsured Rate by Nativity and Citizenship

*Non-Elderly, 2009 New Jersey Family Health Survey*



# Coverage-Related Attitudes

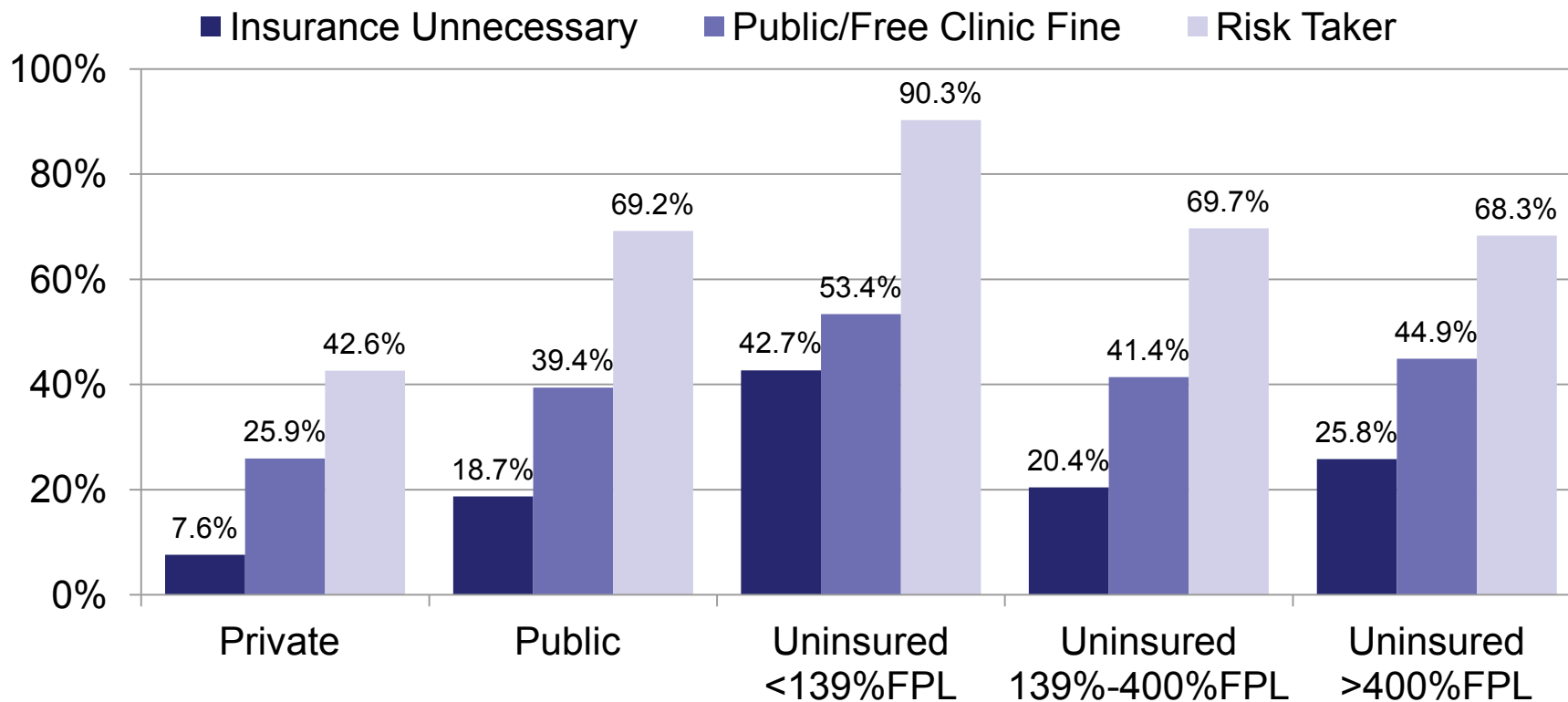
Non-Elderly Adults, 2009 New Jersey Family Health Survey



\*Asked of household respondent only, applied to all household members

# Percent with “Weak” Preferences by Coverage and Income

*Non-Elderly, 2009 New Jersey Family Health Survey*

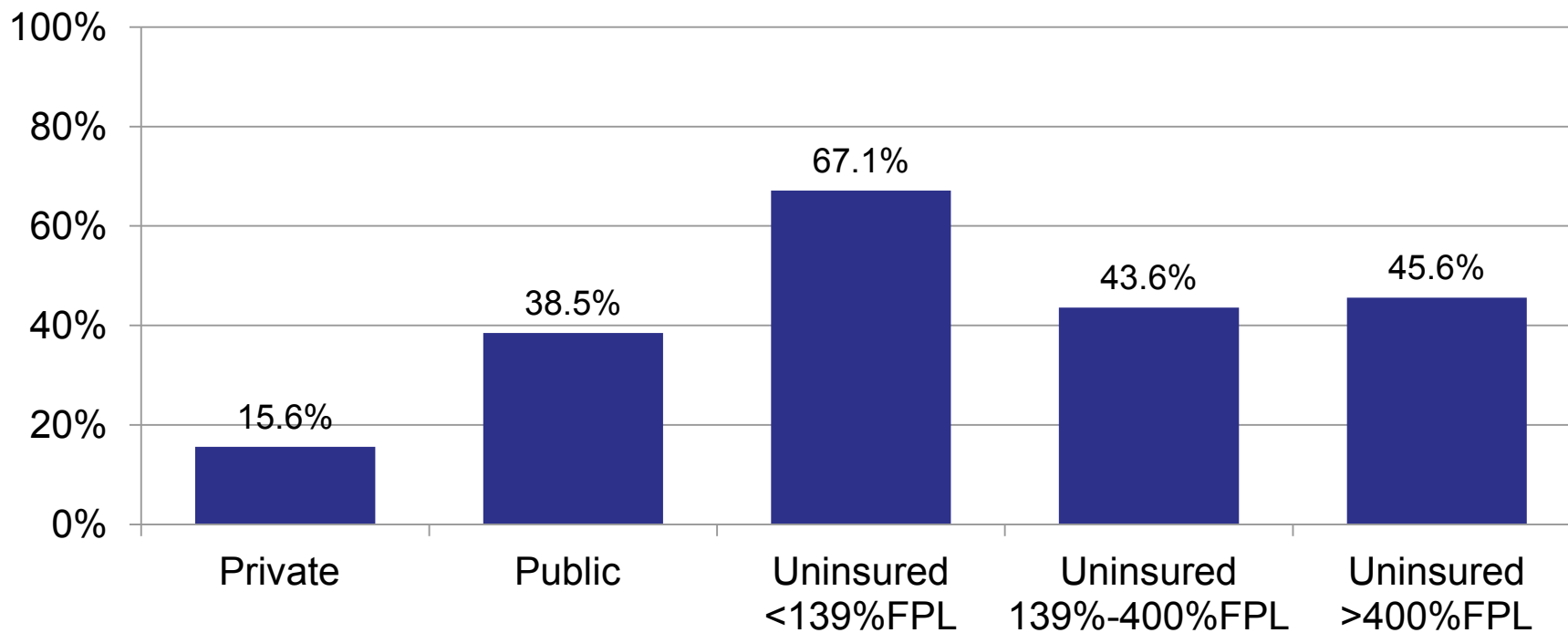


Insurance Coverage and Federal Poverty Level of Uninsured

# Percent with “Weak” Preferences by Coverage and Income

*Non-Elderly, 2009 New Jersey Family Health Survey*

”Weak” Preferences on at Least Two Attitude Measures

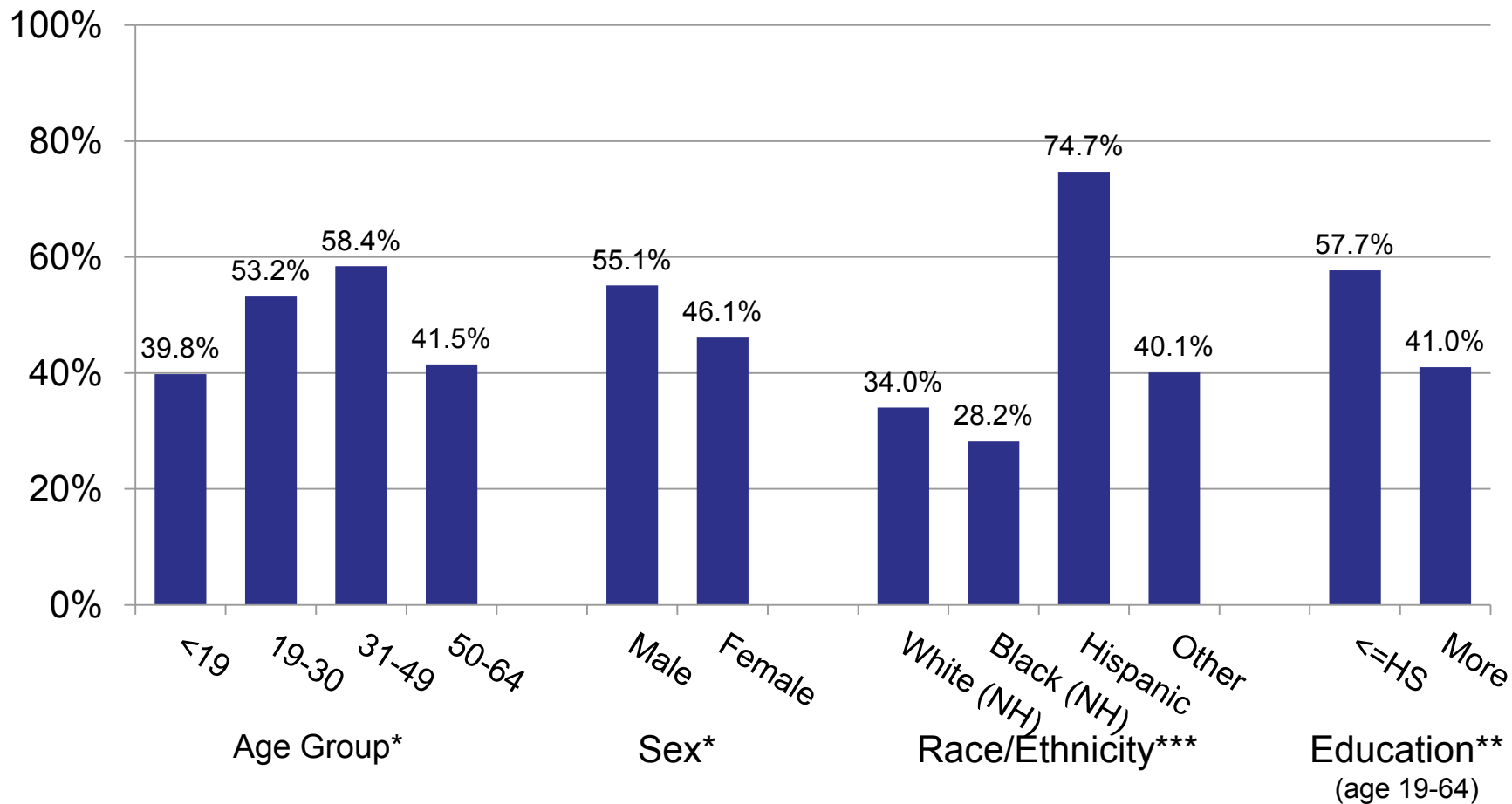


Insurance Coverage and Federal Poverty Level of Uninsured\*

\*p<0.01

# Percent with “Weak” Preferences by Demographics

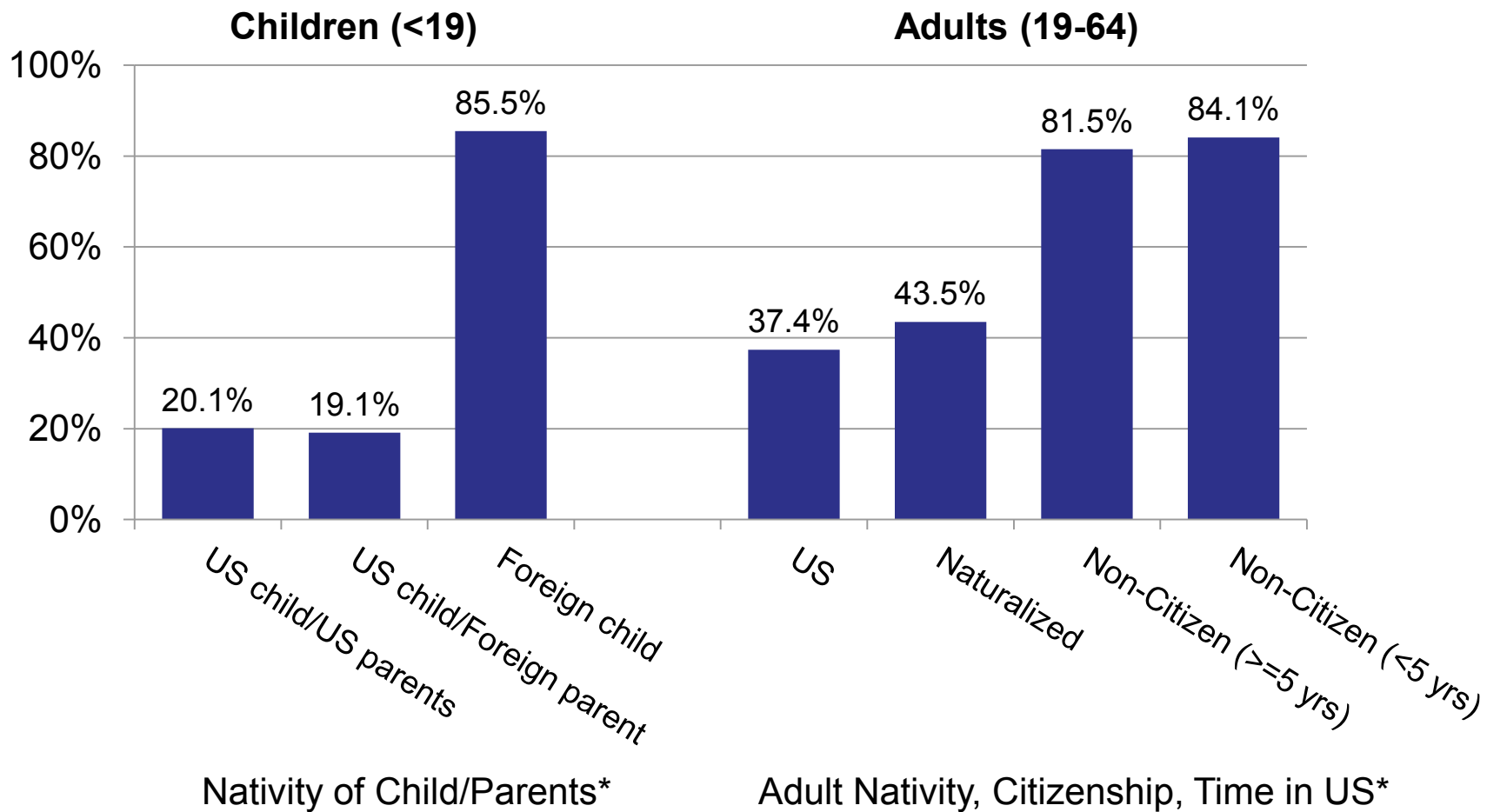
*Non-Elderly, 2009 New Jersey Family Health Survey*



\*p<0.10 \*\* p<0.05 \*\*\*p<0.01

# Percent with “Weak” Preferences by Nativity/Citizenship

2009 New Jersey Family Health Survey



\*p<0.01

Center for State Health Policy

Institute for Health, Health Care Policy and Aging Research

# Who will be most challenging to reach?

- Most likely to be uninsured
  - Young adults in their 20s
  - Low-income
  - Hispanic
  - New immigrants
- Weak preferences for coverage
  - Low-income uninsured
  - Young adults ( $\leq 30$ ) and early middle aged (30s & 40s)
  - Hispanic!
  - Low education
  - Non-citizen adults, foreign born children



# How does the ACA support public outreach?

- Health Insurance Exchanges
  - Consumer-friendly web portal
  - Toll-free assistance hotline
  - Federally fundable through 2014
- Exchange should conduct
  - “...aggressive and multi-faceted outreach to inform the public of their services and coverage options” (HHS guidance)
- Navigator programs must
  - “[C]onduct public education activities”
  - Provide “fair and impartial information”
  - In a “culturally and linguistically appropriate manner” (ACA language)
  - Not federally fundable

## NJ Health Insurance Exchange issues to watch...

- How will Governor respond to enabling legislation (S-1319/A-2171) passed by legislature?
- Will Exchange be “active” versus “passive” purchaser? – legislation gives Exchange power to reject plans
- Should the Basic Health Plan be included?
- What are the options for Essential Health Benefits?
- What will be the standards for selecting Navigators?

# NJ Health Reform Resources

- New Jersey health reform web site  
[http://www.state.nj.us/dobi/division\\_consumers/insurance/ppaca.html](http://www.state.nj.us/dobi/division_consumers/insurance/ppaca.html)
- CSHP health reform resources, [www.cshp.rutgers.edu](http://www.cshp.rutgers.edu)
  - Health Insurance Status in NJ After Reform
  - Stakeholder views on Design of the NJ Exchange
  - Governance of the NJ Health Insurance Exchange
  - The Basic Health Plan Option
  - Combining Individual and Small Group Risk Pools
  - Defined Contribution Strategy for the SHOP Exchange
  - Quality Measures for the Exchange
  - More forthcoming