

NEVADA'S UNINSURED POPULATION

Guinn
CENTER

Nevada's Uninsured Population

Executive Summary

This report examines Nevada's uninsured population. Its objective is to furnish a composite of Nevada's uninsured population so that stakeholders have the requisite data to develop a set of policy prescriptions and enhance administrative capacity in service of health insurance coverage expansion, given the consequences of uninsurance. These consequences include: limited access to health care, adverse health outcomes, medical debt, economic losses, and burdens on governmental financial resources.

Our team collected data from the American Community Survey (ACS) for 2013-2017 (ACS 5-Year Data) to construct a demographic, social, and economic profile of Nevada's uninsured. As a resource, ACS is distinctive in its comprehensive and extensive collection of vital attributes of the population in the United States. It is an ongoing survey conducted by the U.S. Census Bureau for multiple geographies, across a wide array of social, housing, economic, and demographic subjects. No other source affords such wide-ranging metrics on the characteristics of the uninsured. That they can be obtained from a single source adds value by ensuring comparability across indicators. However, the data is not without its limitations:

- There is a time lag in the data. The most recent year of data availability is 2017, and 5-year estimates for 2018 are expected to be released in December 2019. That means that the information contained in this report is current through 2017 and does not reflect any changes in the uninsured population since that time. This may be especially important in that the number of uninsured people increased nationwide for the first time since the implementation of the Affordable Care Act (ACA), perhaps as a result of uncertainty around repeal-and-replace efforts in that year. It is not yet known whether the spike in the uninsured rate was an anomaly, or reflects a more permanent health care development.
- Estimates from the ACS are "period" estimates, not "point-in-time" estimates. As such, they should be interpreted with caution: they do not describe the population at any given time but rather the averages in the period over which the data was collected. The 5-year estimates, as used primarily in this report, have the advantage of greater statistical reliability and precision over the 1-year estimates, though the latter are more current. Moreover, as the data is obtained from a survey, it should not be construed as a population count; the basis is the ACS sample, and, like all samples, is subject to error.
- While cross-tabulation of some data (e.g., age by sex) is available in the ACS, this does not hold true for the data on health insurance coverage. It is limited to aggregate counts for selected groups. Furthermore, the lack of individual-level data precludes more granular analysis, particularly interaction effects across groups (e.g., Latino young adults with some college as a percentage of the uninsured).

The Urban Institute additionally provided the Guinn Center with data on program eligibility amongst those without health care coverage for 2019.

The Guinn Center finds that Nevada's uninsured population is comprised primarily of young adults, Latinos, the less educated, workers, and lower income individuals. Highlighted findings include the following:

- In Nevada, 397,974 people, or 14.0 percent of the state population, are uninsured. The national average is 10.5 percent, and Nevada's rate is sixth highest in the nation.
- Nevada's uninsured population is concentrated heavily in Clark County, though some rural/frontier counties have higher uninsurance rates.
- Non-elderly adults make up more than four-fifths of the uninsured population in Nevada (81.0 percent); young adults (26 to 34 years of age) comprise the largest share (21.8 percent).
- White individuals make up 60.6 percent of the uninsured population, followed by African Americans (8.0 percent), and Asians (6.6 percent). Latinos represent just over one-third of Nevada's population (35.9 percent) but 59.1 percent of its uninsured population.
- Nearly one in three uninsured individuals in Nevada, or 32.4 percent, is a non-citizen.
- Individuals with a high school diploma or less comprise 62.8 percent of Nevada's uninsured.
- Employed Nevadans make up a disproportionate share of the uninsured population—over three-fifths, or 62.9 percent.
- Nevadans with household incomes ranging from \$25,000 to \$49,999 are most heavily concentrated amongst the uninsured (31.6 percent).
- Individuals in poverty make up more than one-quarter of the Nevada's uninsured population (26.0 percent).
- More than half of Nevadans (55.8 percent) are eligible for Medicaid/CHIP and/or Marketplace tax credits but uninsured. The remainder, or 44.2 percent, are ineligible for insurance coverage.

Reaching Nevada's uninsured likely will necessitate a diverse mix of strategies, including increased outreach and education to those who are eligible but struggle to navigate the complexities of the health insurance system, and policy interventions if gains in coverage amongst the ineligible is a state objective.



Nevada's Uninsured Population

Introduction

The enactment of the Patient Protection and Affordable Care Act (ACA) of 2010 expanded health insurance coverage to millions of individuals in the United States. In 2013, the year before the ACA was implemented fully, about 45.6 million people (14.9 percent) nationwide lacked health insurance coverage.¹ By 2017, approximately 12.4 million individuals had gained coverage, with the total number of uninsured declining to roughly 33.2 million people nationwide.² This amounts to a 27.2 percent reduction in the uninsured population and 4.4 percentage-point decrease in the uninsurance rate.

Despite what has been characterized as “historic gains in health insurance coverage” that have been attributed to key provisions in the ACA, such as Medicaid expansion and the provision of Marketplace subsidies, the remaining uninsured comprises a not-insubstantial percentage of the U.S. population: more than one in ten individuals, or 10.5 percent.³

Research shows that, nationwide, the uninsured tend to be non-elderly adults and come from low-income families with at least one worker in the family, with people of color—particularly Latinos—having a higher risk of uninsurance than white individuals.⁴ While there is some statewide variation in the characteristics of the uninsured, particularly as adoption of Medicaid expansion has not been universal, and regional distinctions persist, commonalities across recent state-level studies suggest that the data reflects national patterns.⁵

A recent report released by the Commonwealth Fund revealed that not only did Nevada rank 48th in the nation for overall health care but that its uninsured rate was the highest of all Medicaid expansion states in the continental United States. (Only Alaska, which is a Medicaid expansion state, has a higher rate).⁶ The Commonwealth Fund’s findings suggest that an analysis of Nevada’s uninsured population is warranted, as no such study yet has been conducted, and the state’s uninsurance rate is fairly high.⁷

Uninsurance has both micro- and macro-level consequences. For individuals, it limits health care access, leading to adverse health outcomes, which, at its extreme, can mean higher mortality rates.⁸ Relative to their insured counterparts, the uninsured are more likely to go without care; some may forgo preventive care and postpone or avoid treatment for chronic conditions.⁹ Uninsured individuals are likely to be in worse health than those with coverage, translating into a reduction of their earning ability.¹⁰ Medical debt is an ongoing concern for the uninsured.¹¹ For employers, poorer health amongst the uninsured increases absenteeism, which, in turn, can affect labor productivity, business profitability, and, more broadly, economic growth.¹² Moreover, uncompensated care cost Nevada hospitals \$174 million in 2016.¹³ Federal, state, and local governments, along with private entities help defray these costs.¹⁴ However, the opportunity cost of this forgone revenue is the diversion of funding away from other programs and services.¹⁵

Policy makers and program officials recognize that targeted interventions may help reach population sub-groups that are amongst the uninsured and help to reduce their numbers. But the viability of a

suite of potential policy solutions rests on a comprehensive understanding of who the uninsured are so that interventions (and even legislation) can be tailored effectively.

The objective of this report is to furnish a composite of Nevada’s uninsured population so that the state’s Department of Health and Human Services (DHHS), the governor, legislators, and other stakeholders have the requisite data to develop a set of policy prescriptions and enhance administrative capacity in service of health insurance coverage expansion.^a

To construct a profile of Nevada’s uninsured population, our team collected data from the American Community Survey (ACS) for 2013-2017 (ACS 5-Year Data; referred to hereafter as 2017), which is the most recent year for which these estimates can be obtained. With the exception of program eligibility, as discussed below, and the time series in Figure 2, which is based on ACS 5-year data for 2010-2017 and ACS 1-year data for 2009, data in this analysis is 2013-2017 ACS 5-Year Data.

As a resource, ACS is distinctive in its comprehensive and extensive collection of vital attributes of the population in the United States. It is an ongoing survey conducted by the U.S. Census Bureau for multiple geographies, across a wide array of social, housing, economic, and demographic subjects.¹⁶ No other source affords such wide-ranging metrics on the characteristics of the uninsured. That they can be obtained from a single source adds value by ensuring comparability across indicators. However, the data is not without its limitations:

- There is a time lag in the data. The most recent year of data availability is 2017, and 5-year estimates for 2018 are expected to be released in December 2019.¹⁷ That means that the information contained in this report is current through 2017 and thus does not reflect any changes in the uninsured population since that time. This may be especially important in that the number of uninsured people increased nationwide for the first time since the implementation of the Affordable Care Act (ACA), perhaps as a result of uncertainty around repeal-and-replace efforts in that year.¹⁸ It is not yet known whether the spike in the uninsured rate was an anomaly or a more permanent health care development.
- Estimates from the ACS are “period” estimates, not “point-in-time” estimates.¹⁹ As such, they should be interpreted with caution: they do not describe the population at any given time but rather the averages in the period over which the data was collected.²⁰ The 5-year estimates, as used primarily in this report, have the advantage of greater statistical reliability and precision over the 1-year estimates, though the latter are more current.²¹ Moreover, as the data is obtained from a survey, it should not be construed as a population count; the basis is the ACS sample, and, like all samples, is subject to error.²²
- While cross-tabulation of some data (e.g., age by sex) is available in the ACS, this does not hold true for the data on health insurance coverage. It is limited to aggregate counts for selected groups. Furthermore, the lack of individual-level data precludes more granular analysis, particularly interaction effects across groups (e.g., Latino young adults with some college as a percentage of the uninsured).

^a This report was produced in collaboration with the Nevada Department of Health and Human Services.

The report proceeds as follows:

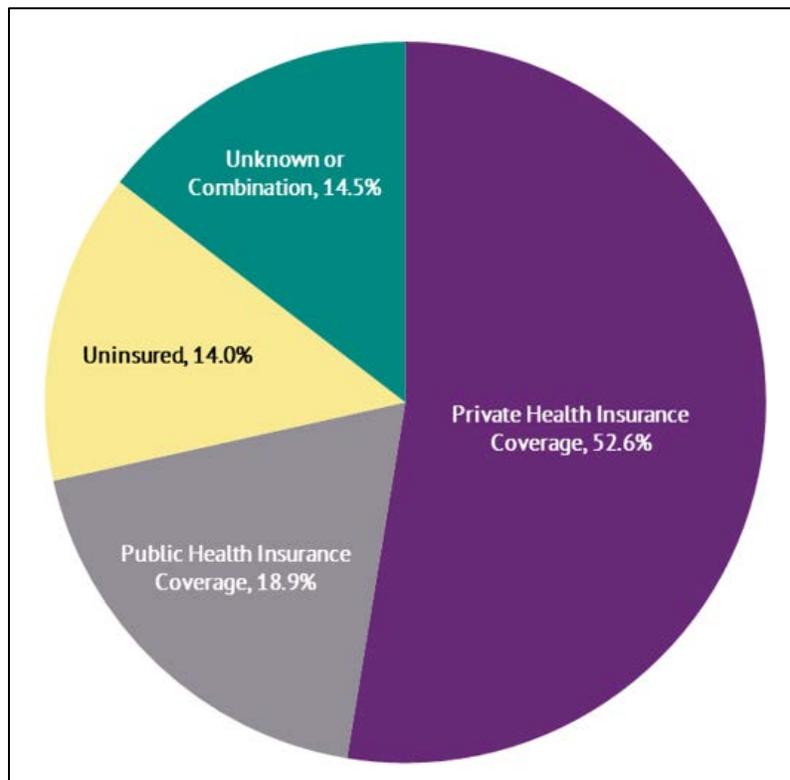
- In the next section, we provide an overview of the uninsurance landscape in Nevada, which includes the distribution of insurance coverage in the state, uninsured rates over time, a comparative national assessment, and a county-level breakdown.
- The subsequent section contains a demographic, social, and economic profile of Nevada’s uninsured. We evaluate metrics on age, sex, race, ethnicity, nativity and citizenship, disability status, educational attainment, employment status, work experience, class of worker, household income, and poverty. We perform a distributional analysis, whereby counts of demographic groups within categories are calculated as percentages of the uninsured. Each group’s share of the total population is included, as well, such that overrepresentation amongst the uninsured is conveyed readily. This type of analysis is distinct from one that focuses on the uninsurance rate, which is defined as the percentage of the uninsured within a demographic group. However, there are some pronounced disparities across uninsurance rates, and we discuss these in kind, though we neither graph this data nor present it in tabular form (see Note 2, below). Notes:
 - 1) While many studies limit their data to only the non-elderly, adult population (i.e., people ages 19 to 64), we broaden our scope to include the total population (or the total universe for which the metrics are determined, per ACS). While it is true that children and the elderly tend to have higher coverage rates than other adults—through Medicaid and the Children’s Health Insurance Program (CHIP; in Nevada, SCHIP, or Nevada Check Up) for the former and Medicare for the latter—a considerable number of children and seniors in Nevada are uninsured, and we would be remiss in excluding them.²³
 - 2) Appendix A contains the data used to construct the figures in this section. These tables provide a tabulation of each group in Nevada, for the uninsured and total population (or the total universe for which the metrics are determined, per ACS), as the counts are not displayed graphically. The percentages are duplicated in these tables for the reader’s convenience. In addition, each table presents the data by county, with statewide totals in bold. While the county-level numbers are too small to draw any meaningful conclusions, they offer a level of detail that may be of interest to some readers.
 - 3) Appendix B is a compendium of graphs that compares the distribution of uninsured for each metric against the six other states in the Intermountain West (Arizona, California, Colorado, New Mexico, Texas, and Utah) and the U.S. average.
- The last section concludes an examination of health insurance eligibility amongst the uninsured in Nevada, the data for which was provided to the Guinn Center courtesy of the Urban Institute. While the demographic, social, and economic characteristics of Nevada’s uninsured population lend insight into uninsurance in the state, the metrics do not map neatly onto program eligibility, as certain groups face barriers to insurance coverage that is not immediately apparent in the ACS estimates. This data distinguishes between those individuals who are ineligible for insurance and those who are eligible but remain uninsured. Identification of these sub-populations can help DHHS and policymakers curate effective strategies for coverage expansion.



Overview of Uninsurance in Nevada

Last year, Nevada tied with Idaho as the nation’s fastest-growing states (2.1 percent), with its population reaching nearly 2.9 million in 2017.²⁴ While most Nevadans have some form of health insurance coverage, nearly 400,000 individuals are uninsured. Figure 1 provides a breakdown of health insurance coverage in Nevada.

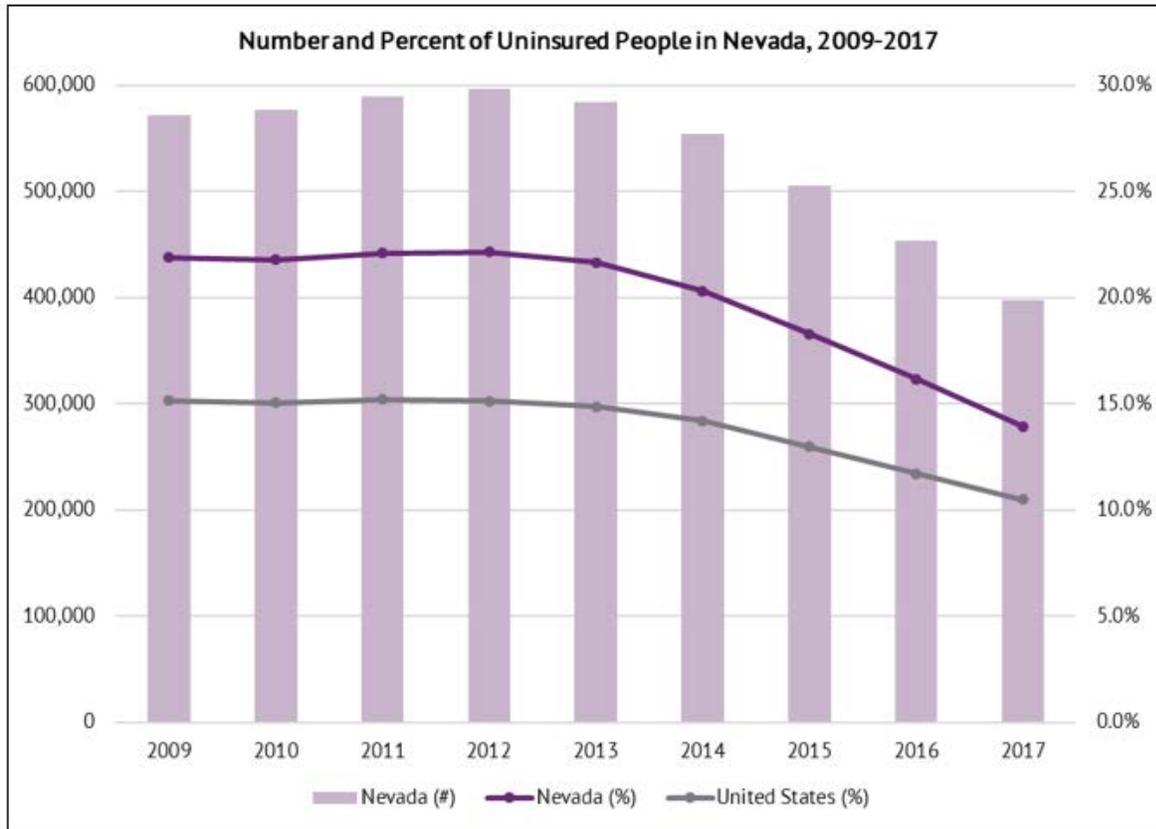
Figure 1. Health Insurance Coverage in Nevada, by Type, 2017



About 1.5 million Nevadans, or more than half of the population (52.6 percent), have private health insurance coverage. This includes employer-based insurance (45.9 percent), direct-purchase insurance (5.5 percent), and Tricare/Military Coverage (1.2 percent). More than 500,000 individuals in Nevada (18.9 percent) have public health insurance coverage: Medicare (5.8 percent), Medicaid/Mean-Tested Coverage (12.6 percent), or Veterans Affairs (VA) Coverage (0.5 percent). Those with unknown or combination coverage are included amongst the insured population (14.5 percent). The remainder is the uninsured population, or 397,974 Nevadans. This amounts to 14.0 percent of the total, which is 3.5 percentage points higher than the national average of 10.5 percent uninsured.

Nevada has made gains in health insurance coverage since the full implementation of the ACA in 2014, as shown in Figure 2.

Figure 2. Number and Percent of Uninsured People in Nevada, 2009-2017

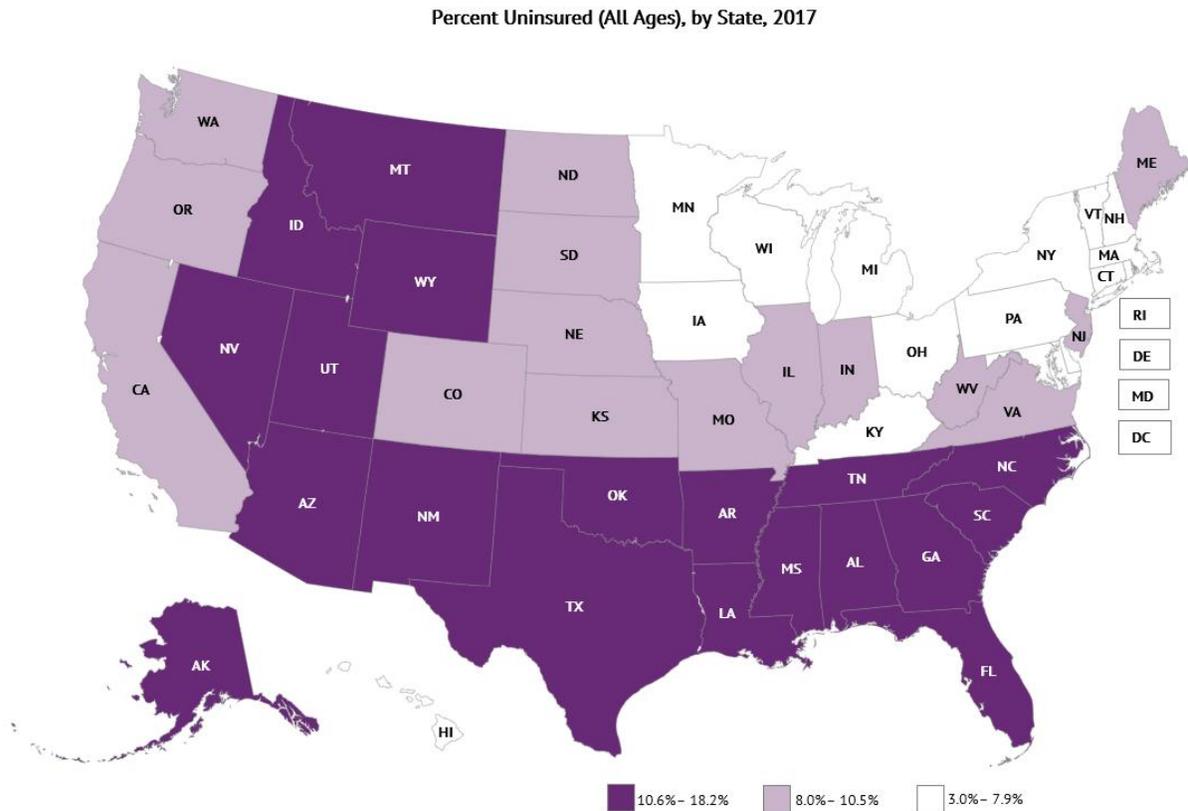


In 2009, 571,615 Nevadans were uninsured, but by 2017, that number had declined to 397,974, for a 30.4 percent decrease. In 2013, the year before the ACA was implemented fully, an estimated 583,791 people (21.7 percent) lacked health insurance coverage in Nevada. By 2017, an additional 185,817 Nevadans had gained coverage, for 31.8 percent decrease in the uninsured population.



In comparative national context, however, Nevada’s uninsurance rate is relatively high. Figure 3 is a map of the United States; the most deeply shaded states have an uninsurance rate that is higher than the national average of 10.5 percent. There are 19 such states in total.

Figure 3. Percent Uninsured (All Ages), by State, 2017



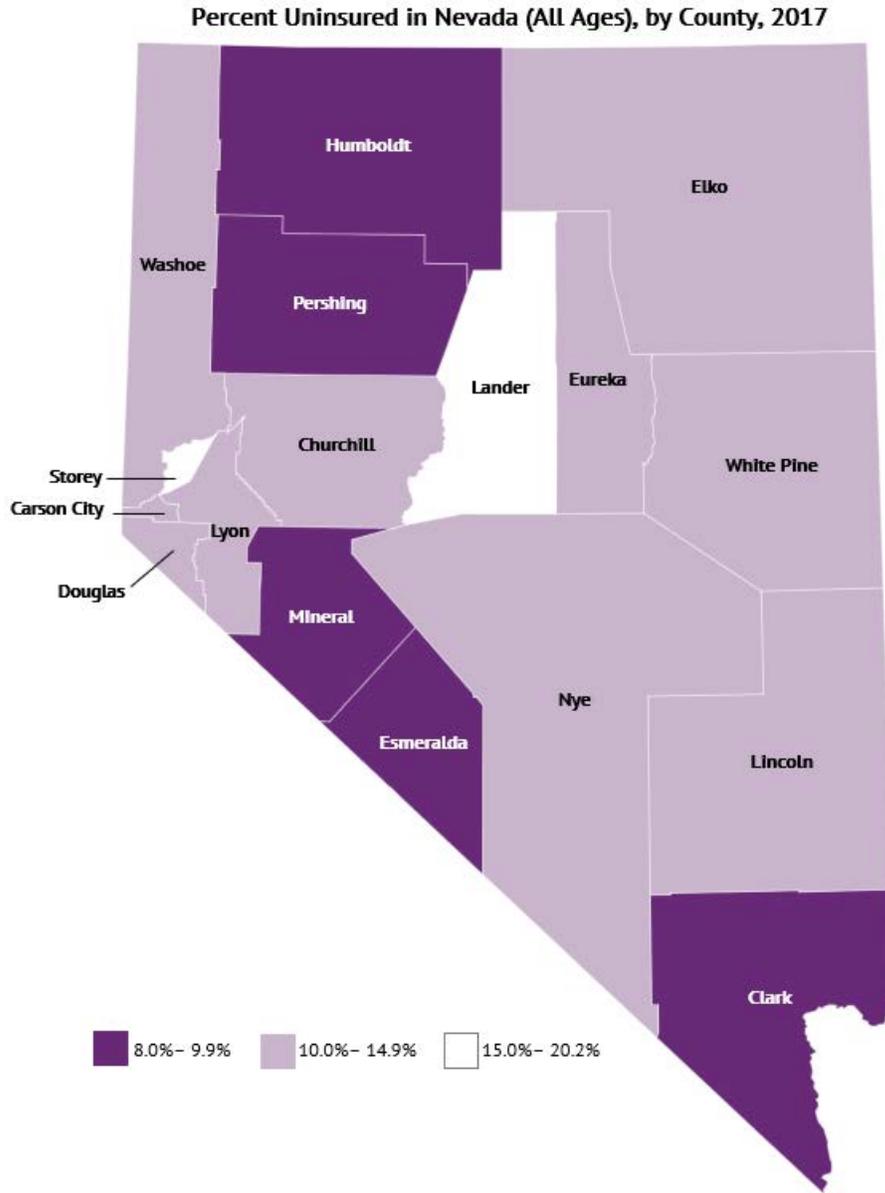
Nevada has the sixth-highest rate of uninsured in the nation at 14.0 percent. The top six, in descending order, are: Texas (18.2 percent), Alaska (15.5 percent), Florida (14.9 percent), Oklahoma (14.9 percent), Georgia (14.8 percent), and Nevada (14.0 percent). As noted previously, only Alaska outpaces Nevada amongst Medicaid expansion states in its uninsurance rate.

Medicaid expansion tends to correlate loosely with higher rates of insurance coverage. That is, of the states with the lowest uninsured rates (shaded white), all but Wisconsin—which covers adults up to 100 percent of FPL in Medicaid—had adopted expansion as of 2017.²⁵ But amongst the states with uninsurance rates that are higher than the national average, seven (including Alaska and Nevada) had expanded Medicaid by 2017: Arizona, Arkansas, Louisiana, Montana, and New Mexico. The remaining 12 states are not Medicaid expansion states or had not adopted expansion as of 2017. Moreover, 14 non-Medicaid expansion states (as of 2017) have lower uninsurance rates than Nevada.^b

^b These states are: Alabama, Idaho, Kansas, Maine, Mississippi, Missouri, Nebraska, North Carolina, South Carolina, South Dakota, Tennessee, Utah, Virginia, and Wyoming.

Nevada’s uninsured population is concentrated heavily in Clark County, though some rural/frontier counties have higher uninsurance rates, as shown in the map in Figure 4.

Figure 4. Percent Uninsured in Nevada (All Ages), by County, 2017



In Clark County, 307,434 people are uninsured, representing 77.2 percent of the uninsured population in the state and 14.7 percent of the total county population. Mineral County (15.3 percent), Humboldt County (16.0 percent), Pershing County (16.5 percent), and Esmeralda County (20.2 percent) have higher uninsurance rates than Clark County, but, collectively, their total number of uninsured individuals is 4,372.

Using the Nevada State Office of Rural Health’s classification of urban counties (Carson City, Clark County, and Washoe County) versus rural/frontier counties (the remaining 14 counties in the state), we evaluated the extent to which there is an urban-rural divide in uninsurance rates.²⁶

The data suggests that there is not. Nevada’s rural/frontier population is 268,660 (9.4 percent of the total), and its urban population is 2,584,033 (90.6 percent of the total). The number of uninsured individuals residing in rural/frontier counties is 32,199, while the total uninsured residents of urban counties is 365,775. Thus, the uninsurance rate in rural/frontier counties is 12.0 percent, while that in the urban counties is 14.2 percent. Uninsured individuals in Carson City, Clark County, and Washoe County comprise 91.9 percent of the total uninsured in Nevada, while the other 14 counties’ share is 8.1 percent.

Demographic, Social, and Economic Characteristics of Nevada’s Uninsured Population

This section evaluates metrics on age, sex, race, ethnicity, nativity and citizenship, disability status, educational attainment, employment status, work experience, class of worker, household income, and poverty.

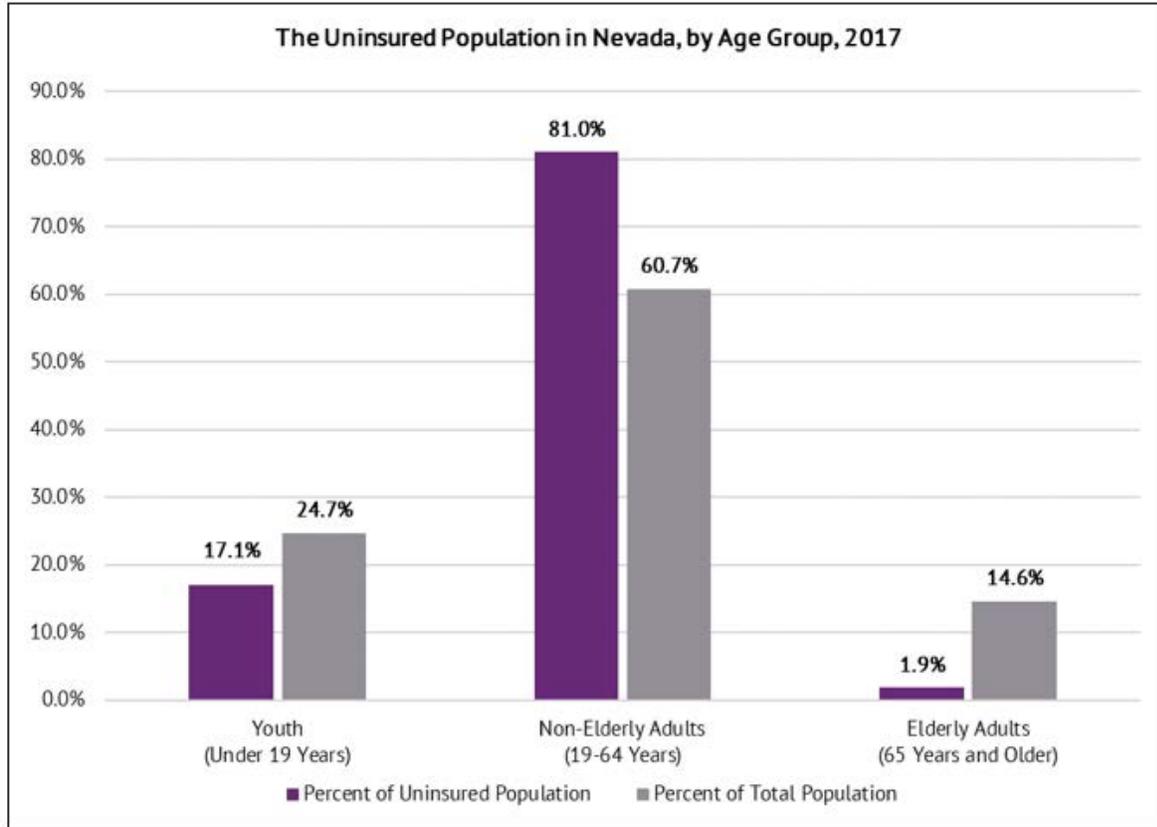
Age

Figure 5 presents the distribution of the uninsured population in Nevada by age group: youth (under 19 years), non-elderly adults (19 to 64 years), and elderly adults (65 years and older). This is an age classification scheme that permits an assessment of the broad contours of the uninsured population. Age groups are disaggregated in Figure 6 into nine cohorts for further analysis.

Non-elderly adults make up more than four-fifths of the uninsured population in Nevada (81.0 percent). They are trailed distantly by youth (17.1 percent) and then by the elderly (1.9 percent). The distribution of the data conforms to our expectations that non-elderly adults are uninsured in greater numbers than their younger and older counterparts.

This is a function of population size but also a result of more limited access to federal and state health insurance programs. Medicaid and SCHIP (Nevada Check Up) extend no-cost or low-cost health coverage to the state’s eligible children at higher family income levels than adults, while Medicare offers coverage to most adults beginning at age 65.²⁷ Given the range of coverage options available to children (i.e., those under 19 years of age), it is notable that almost 20 percent of the uninsured are youths, though they may not meet certain qualifying criteria. However, nearly one in ten children, or 9.7 percent of those under 19 years of age, is uninsured.

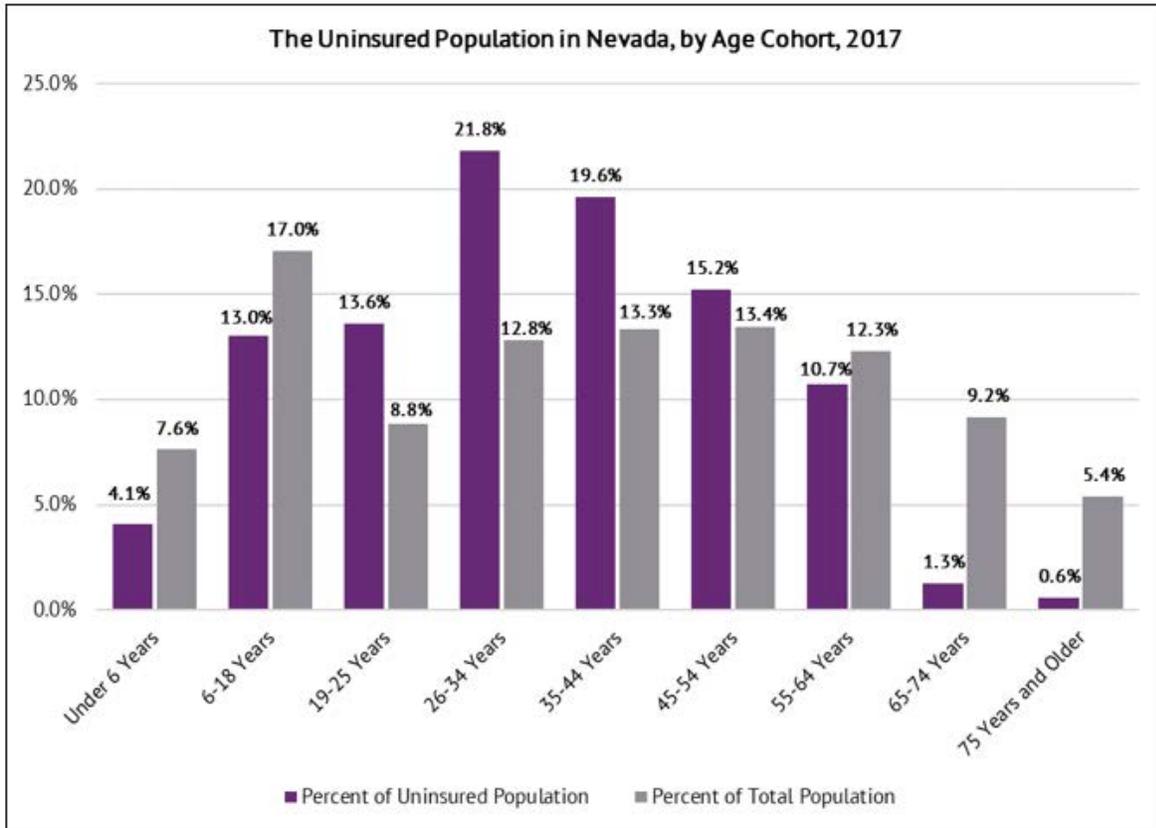
Figure 5. The Uninsured Population in Nevada, by Age Group, 2017



Further disaggregation of the data illuminates the variation across age cohorts within the non-elderly adult category (Figure 6). The uninsurance rate of those aged 26 to 44 is 22.1 percent. Amongst Nevada’s uninsured population, young adults (26 to 34 years of age) and those in early middle age (35 to 44 years of age) comprise the largest shares, at 21.8 percent and 19.6 percent, respectively. On each side of these age bands, there is a drop-off, with those aged 19 to years making up 13.6 percent of the uninsured, and those aged 45 to 54 years forming 15.2 percent of the uninsured.

However, these four age cohorts are overrepresented in Nevada’s uninsured relative to their percentages of total population, with the largest gap in those aged 26 to 34 years (one-fifth of the uninsured but only 12.8 percent of total population). The disproportionate representation of young adults amongst Nevada’s uninsured population may be attributed, at least in part, to the “Under-26” coverage rule of the ACA, whereby individuals can remain on their parents’ health insurance policy until their 26th birthday.²⁸ A lag may exist between loss of coverage and the ability to find an affordable coverage option, though 26 year olds initially are not restricted to the Open Enrollment period and may qualify for Special Enrollment in the Marketplace within 60 day of aging out of a plan.²⁹ But other factors may play a role in this generational tendency toward uninsurance, such as financial insecurity, declining wages, and student loan debt.³⁰

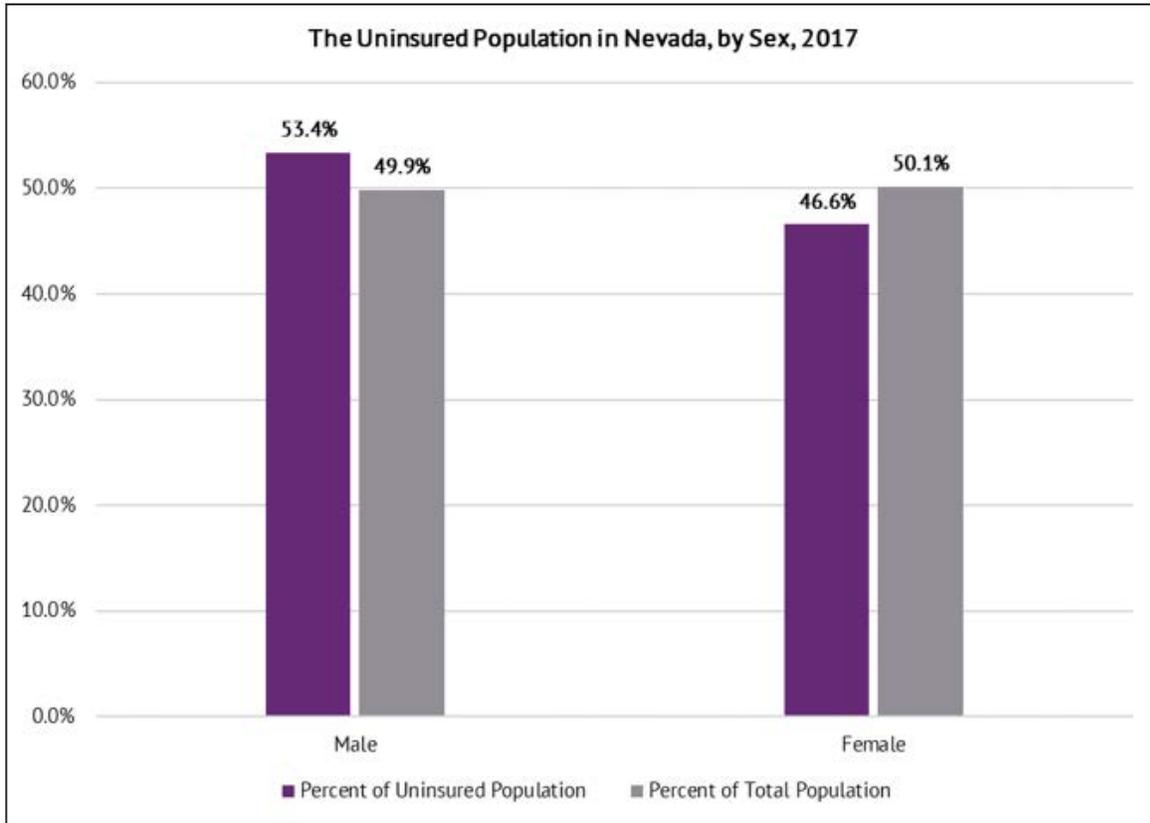
Figure 6. The Uninsured Population in Nevada, by Age Cohort, 2017



Sex

The uninsured population in Nevada is almost evenly split between men and women, though male Nevadans represent a greater share of the uninsured, as shown in Figure 7, and have higher rates of uninsurance than their female counterparts. An estimated 212,476 of Nevada’s men are uninsured, for 53.4 percent of the total uninsured population. In contrast, 222,423 female Nevadans are uninsured, for 46.6 percent of the total uninsured.

Figure 7. The Uninsured Population in Nevada, by Sex, 2017

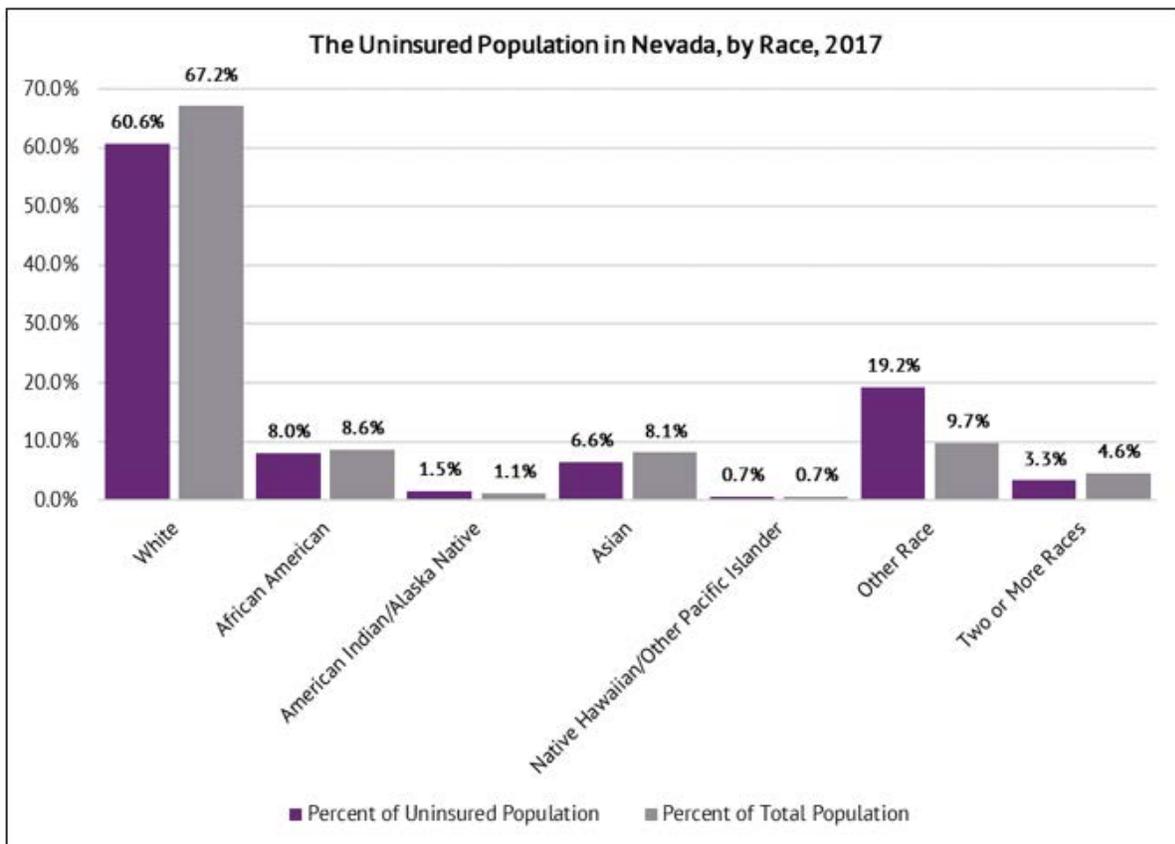


Race

Figure 8 shows the racial breakdown of the uninsured population in Nevada. The demographic distribution of uninsurance largely corresponds with the state’s population as a whole. Only those identifying as Other Race are overrepresented relative to their total population share (19.2 percent versus 9.7 percent). White individuals make up 67.2 percent of the total population and 60.6 percent of the uninsured population. Given the composition of the population, each racial group’s share of the uninsured is relatively small. African Americans comprise 8.0 percent of the uninsured, followed by Asians (6.6 percent), Two or More Races (3.3 percent), American Indians/Alaska Natives (1.5 percent), and Native Hawaiians/Other Pacific Islanders (0.7 percent).

There are marked disparities in uninsurance rates across racial groups, however. Those identifying as biracial/multiracial (i.e., Two or More Races) have the lowest uninsurance rate at 10.1 percent, followed by Asians, with an uninsurance rate of 11.3 percent. In contrast, American Indians/Alaska Natives (19.2 percent) and those identifying as Other Race have the highest uninsurance rates (27.6 percent).

Figure 8. The Uninsured Population in Nevada, by Race, 2017



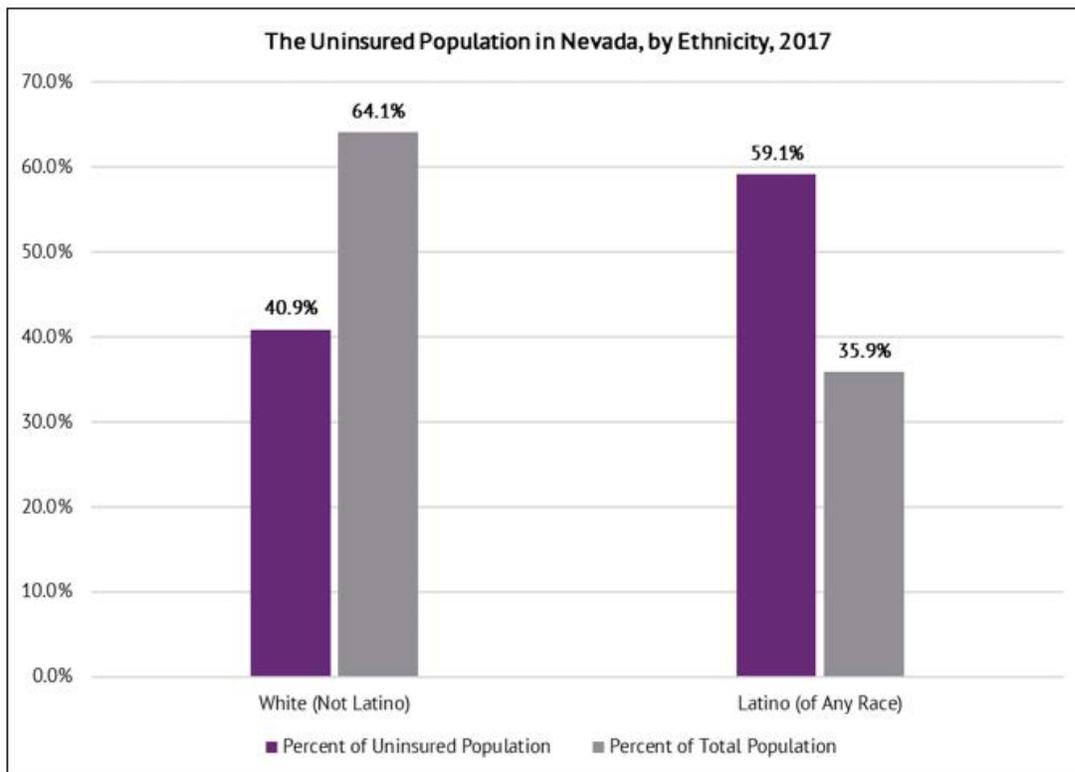
Ethnicity

The distribution of the uninsured population, by ethnicity—specifically, white (not Latino) and Latino (of any race)—is displayed in Figure 9. Note that the binary comparison and the specification of white (not Latino) means that the percentages in Figure 9 differ from those for racial categories in Figure 8. In Nevada, Latinos represent just over one-third of Nevada’s population (35.9 percent) but 59.1 percent of its uninsured population. The distribution of non-Latino white individuals is nearly a mirror image of that for Latinos: 64.1 percent of total population and 40.9 percent of the uninsured population. Nearly one-quarter of Latinos (23.8 percent) in Nevada are uninsured, while just 9.2 percent of non-Latino white individuals are uninsured.

The high rates of Latino uninsurance are something of a puzzle. It is possible that some Latinos lack health insurance because they are unauthorized immigrants, as has been suggested, but we cannot infer that Nevada’s unauthorized immigrant population is disproportionately Latino.³¹ Nor can we assume that all unauthorized immigrants lack health insurance coverage; nationally, less than half of unauthorized immigrants (about 45.0 percent) are uninsured.³² Some Latinos are not citizens but are lawfully residing in the United States, though non-citizens do face some barriers in accessing coverage, which we discuss in the next sub-section.

One possible driver is that many Latinos are young. In Nevada, the median age of Latinos is 27.8, while the median age of the population as a whole is 37.7.³³ And, as discussed previously, it is this age cohort that is overrepresented amongst the uninsured.³⁴

Figure 9. The Uninsured Population in Nevada, by Ethnicity, 2017

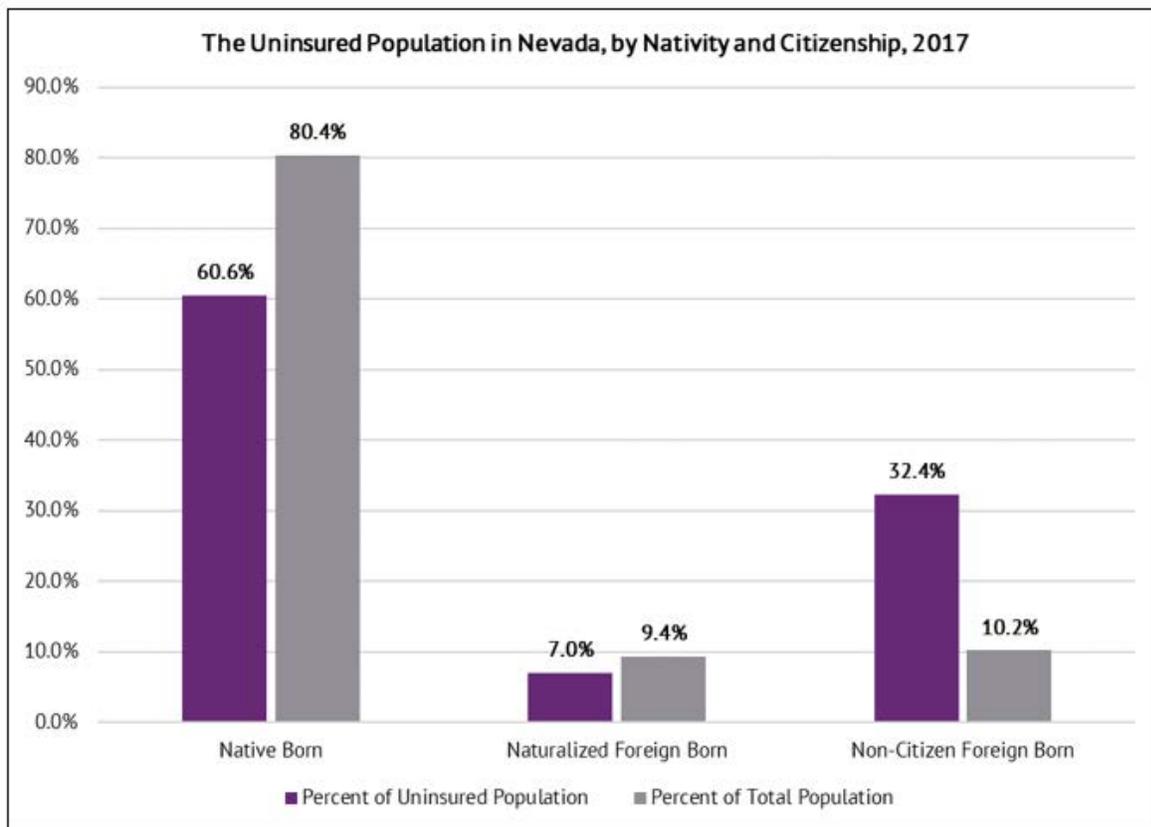


Nativity and Citizenship

The total number of uninsured native-born citizens in Nevada is 241,098, which represents 60.6 percent of Nevada’s uninsured population. Collectively, American citizens—both native born and naturalized foreign born—form the largest share of the uninsured (67.6 percent). But nearly one in three uninsured individuals, or 32.4 percent, is a non-citizen who is foreign born. And foreign-born non-citizens have disproportionately higher rates of uninsurance than citizens. While each 10.5 percent of native born and naturalized citizens are uninsured, almost half of non-citizens (44.2 percent) are uninsured.

Non-citizens confront specific challenges in obtaining health insurance coverage through the Marketplace and such federal programs as Medicaid. Marketplace coverage requires that immigrants be “lawfully present,” which is defined as having “qualified non-citizen” immigration status (e.g., lawful permanent residents) without a waiting period, amongst other legal categories.³⁵ On the other hand, Medicaid (and CHIP) mandate a five-year waiting period before a “qualified non-citizen” can receive coverage, though there are some exceptions.³⁶ Nevada began covering lawfully residing children in Medicaid and SCHIP (Nevada Check Up) without the five-year waiting period requirement on January 1, 2019; any related expansion of coverage would not be reflected in the data used in this report.³⁷

Figure 10. The Uninsured Population in Nevada, by Nativity and Citizenship, 2017

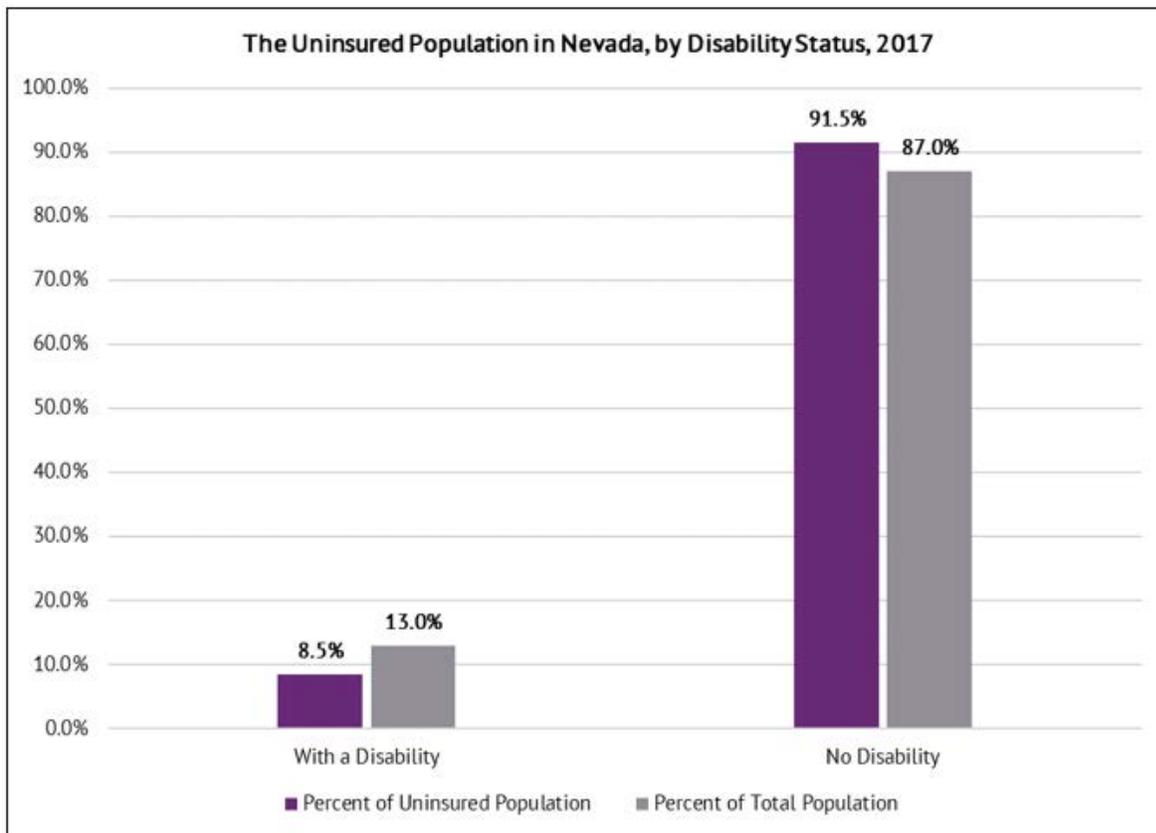


Unauthorized immigrants face their own barriers to coverage, such as eligibility restrictions that exclude their participation in the Marketplace, Medicare, and Medicaid/CHIP.³⁸ Although we do not know the uninsurance rate amongst the unauthorized immigration population in Nevada, we previously noted that the national rate is 45.0 percent. Data shows that an estimated 210,000 Nevada residents were unauthorized immigrants in 2017.³⁹ This amounts to about 7.4 percent of the total state population. If the national average uninsurance rate for unauthorized immigrants holds in Nevada, that would mean that roughly 94,500 unauthorized immigrants were not covered, or approximately 23.7 percent of the uninsured population.

Disability Status

Consonant with proportions of total population, Nevada’s uninsured is tilted heavily toward those without a disability, as shown in Figure 11. An estimated 364,217 of Nevada’s abled individuals are uninsured, for 91.5 percent of the total uninsured population. In contrast, 33,757 disabled Nevadans are uninsured, for 8.5 percent of the total. Although many disabled individuals receive health coverage through Medicare or Medicaid, some do not, as they may not meet the criteria for the Supplemental Security Income disability standard under Medicaid, they exceed income eligibility threshold, and/or they fail the asset test.⁴⁰

Figure 11. The Uninsured Population in Nevada, by Disability Status, 2017

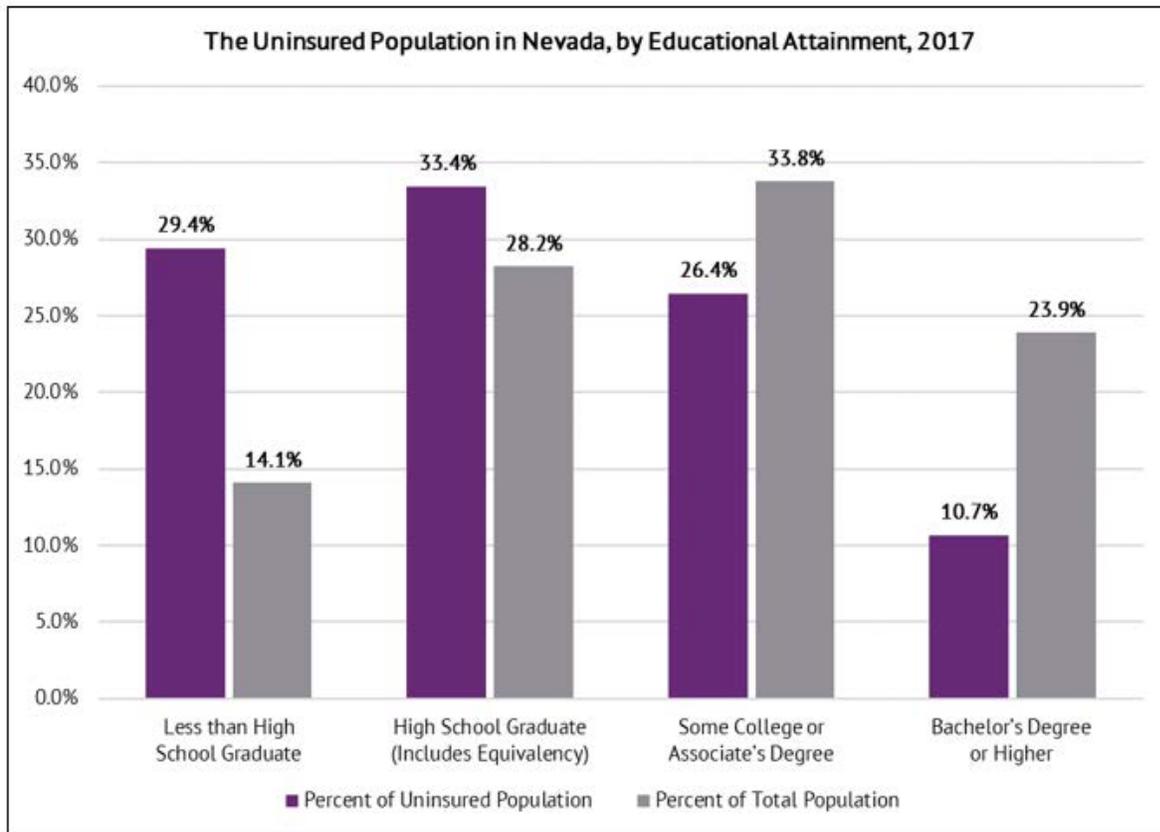


Educational Attainment

Uninsurance in Nevada appears to be inversely related to educational attainment, as Figure 12 illustrates. There is a clear demarcation between those who have a high school diploma or less and those who have attended college and/or received a degree from an institution of higher learning. Those without a high school diploma make up 14.1 percent of Nevada’s total population but 29.4 percent of its uninsured. High school graduates are slightly overrepresented at 33.4 percent of the uninsured and 28.2 percent of total state population but form the highest share of the uninsured. With at least some higher education, groups are less uninsured than their total population shares.

Uninsurance rates within groups decrease in educational attainment. Amongst those without a high school diploma, 30.3 percent are uninsured. High school graduates have an uninsurance rate of 17.2 percent, those with some college or an Associate’s degree have an uninsurance rate of 11.4 percent, and those with a Bachelor’s degree or higher have an uninsurance rate of 6.5 percent. One-fifth of individuals with a high school diploma or less, or 21.6 percent, are uninsured. And collectively, they comprise 62.8 percent of Nevada’s uninsured. Possible reasons for the overrepresentation of the less educated amongst the uninsured include a lower likelihood of access to employer-sponsored insurance or direct-purchase coverage and lower levels of health insurance literacy.⁴¹

Figure 12. The Uninsured Population in Nevada, by Educational Attainment, 2017

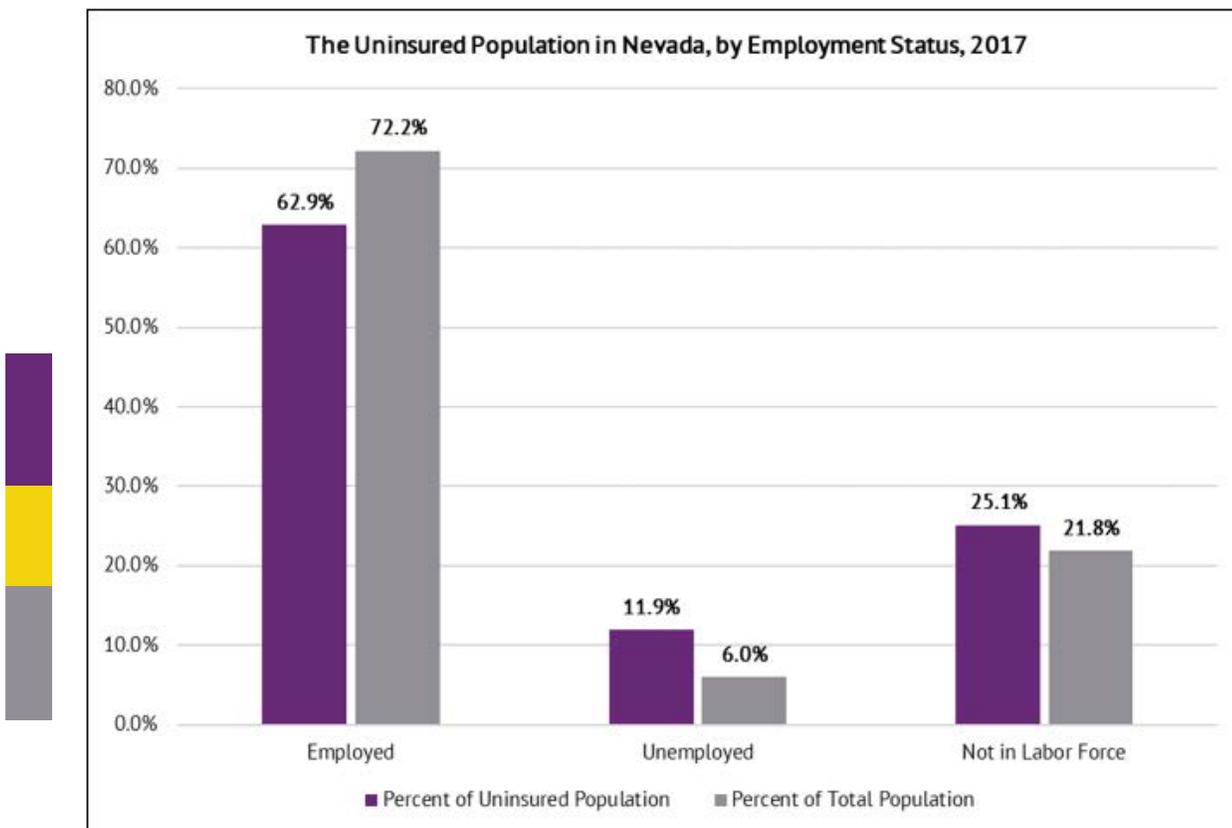


Employment Status

As Figure 13 illustrates, relative to share of total population, Nevada’s unemployed individuals are overrepresented amongst the uninsured (6.0 percent of total population and 11.9 percent of the uninsured). Unemployed Nevadans have the highest uninsurance rate amongst all groups. Of the unemployed, 37.3 percent are uninsured. They are followed by those who are not in the labor force at 21.4 percent and then by employed Nevadans at 16.2 percent.

However, more than 200,000 Nevadans are employed but uninsured. In fact, employed Nevadans make up a disproportionate share of the uninsured population—over three-fifths, or 62.9 percent. This suggests that working individuals in Nevada are vulnerable to uninsurance. There are two main reasons why workers may lack health insurance coverage. First, under the ACA, employers with 50 full-time equivalent (FTE) workers must provide health insurance to employees who work at least 30 hours per week or pay a penalty.⁴² If an individual is working but for a smaller organization or for fewer than 30 hours per week, that person may not have access to employer-sponsored insurance (ESI), as the employer is not required to offer health insurance as a benefit. (We will discuss this in more detail in the next two sub-sections.) Second, some workers who receive an ESI offer may decline coverage if the employee contribution is too high or the offer is unaffordable.⁴³

Figure 13. The Uninsured Population in Nevada, by Employment Status, 2017

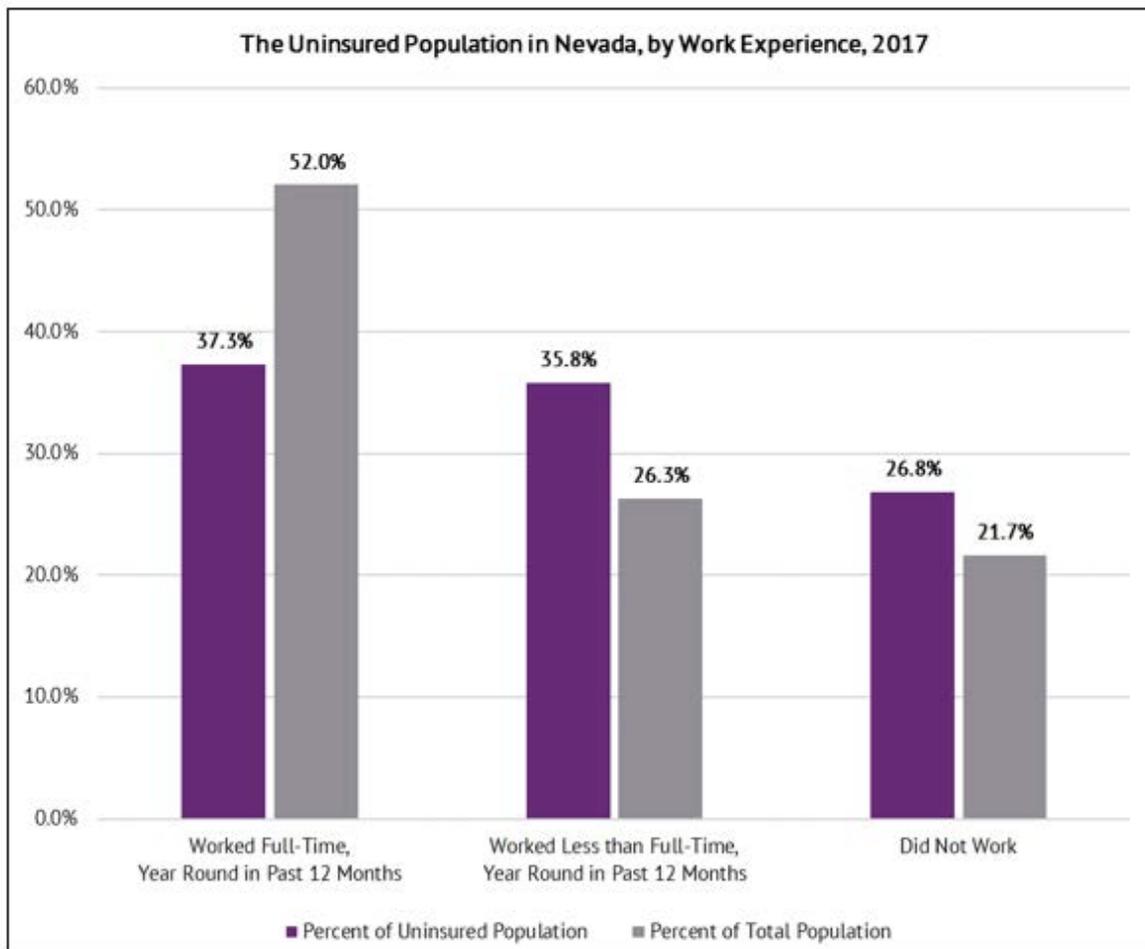


Work Experience

Among the uninsured, 37.3 percent worked full-time, year round, in the preceding 12 months. That slightly outpaces those that worked less than full-time, year round, in the prior 12 months (35.8 percent), and those that did not work (26.8 percent). Thus, it is full-time workers that make up the largest share of the uninsured population in Nevada. However, just under one-half (48.0 percent) of the state’s working-age population either were not full-time workers or were not working. Amongst those that are not full-time workers, more than one in four (25.4 percent) were uninsured, and among those that are not working, 23.1 percent lacked coverage.

Part-time, seasonal, and/or temporary workers tend not to have access to coverage through their jobs, as employers are not required to provide health insurance to them under the ACA, and many opt not to do so.⁴⁴ Part-time and seasonal work, which is often low-wage, as well, is concentrated in the retail, accommodations, and food services sectors.⁴⁵ In Nevada, recent data indicates that 11.6 percent of private sector (i.e., non-governmental, non-farm) employees worked in retail trade, and 25.7 percent of private sector employees worked in accommodations and food services.⁴⁶

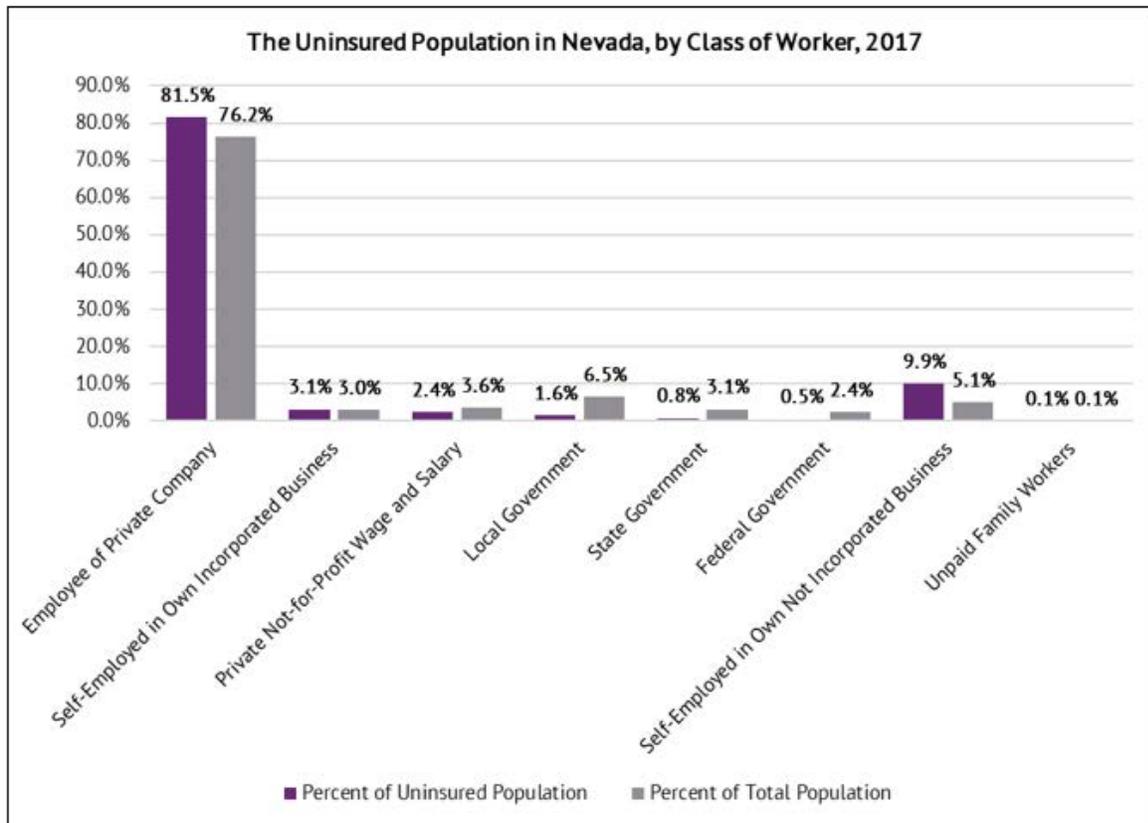
Figure 14. The Uninsured Population in Nevada, by Work Experience, 2017



Class of Worker

Nevadans who are employees of private companies make up the most significant share of the uninsured population, as shown in Figure 15. Of the uninsured, 81.5 percent are workers at private companies. The next-highest share is those who are self-employed in their own, not incorporated businesses, at 9.9 percent. At 76.2 percent of the total population and 5.1 percent of the total population, respectively, there is only slight overrepresentation for each of these classes amongst the uninsured. Collectively, the other six classes of workers comprise the smallest share of Nevada’s uninsured, at just over 8.5 percent of the total.

Figure 15. The Uninsured Population in Nevada, by Class of Worker, 2017



Employees of private companies may represent a large share of the uninsured in Nevada because of the ACA employer mandate. As noted previously, companies with at least 50 full-time equivalent (FTE) workers are required to provide health insurance to employees that work 30 or more hours per week or face a penalty. Below that threshold, employers may offer health coverage, but it is not obligatory. Estimates obtained from the State Health Access Data Assistance Center (SHADAC) indicate that 43.2 percent of Nevadans work at companies with 50 or fewer employees that offer coverage.⁴⁷

With respect to the self-employed in their own, not incorporated businesses, as one report notes, “In order to get health insurance, entrepreneurs must directly purchase coverage on the individual market, or seek coverage through a public program or a family member’s job-based coverage if applicable. If their incomes are too low, they may not be able to qualify for premium tax credits to purchase a private plan.”⁴⁸ Thus, self-employed Nevadans often encounter obstacles to coverage, which may explain why they make up a relatively considerable share of the uninsured.

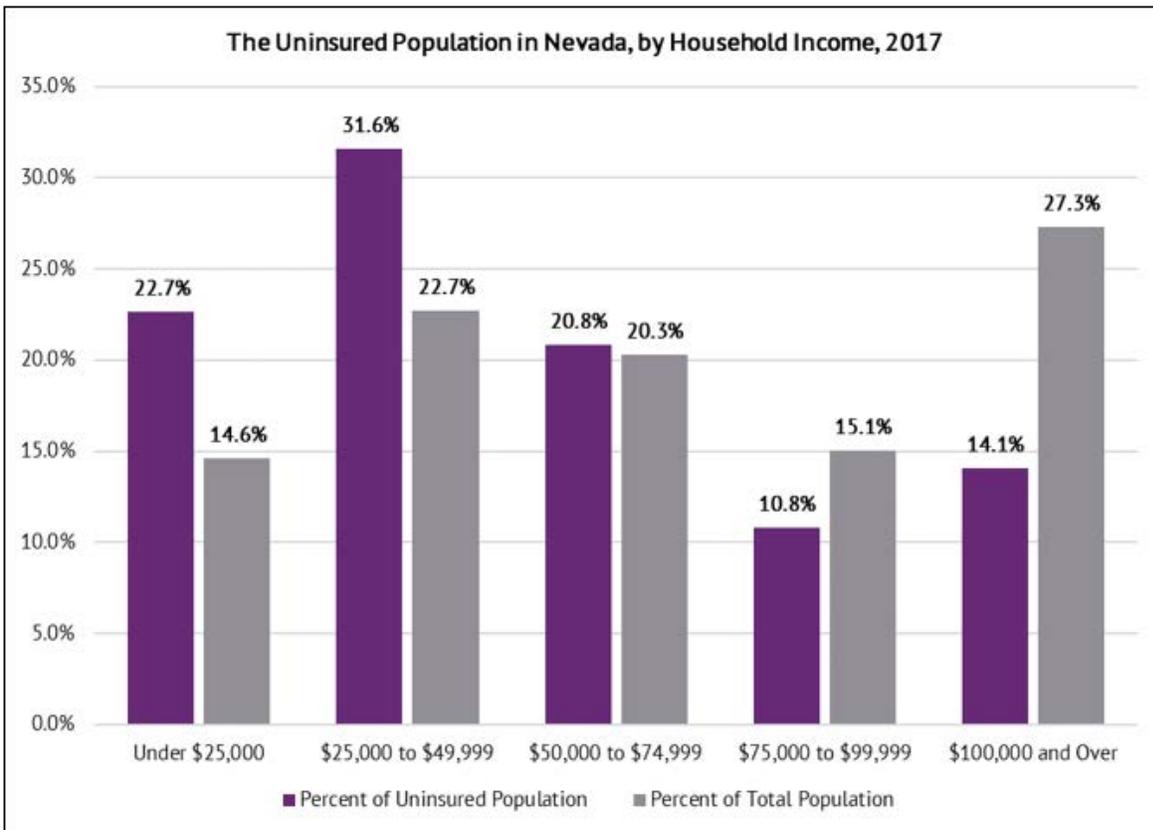
Household Income

As Figure 16 indicates, lower income Nevadans, like their counterparts in other states, are concentrated more heavily amongst the uninsured than those with higher levels of income. But it is not those in the lowest income quintile (under \$25,000; 22.7 percent) who account for the largest proportion of the uninsured but rather households in the second-lowest quintile (\$25,000 to \$49,999). Households in the second quintile make up a larger share of the uninsured population (31.6 percent) than their representation in the state’s total population (22.7 percent). Nearly one in five households in this income bracket (19.4 percent) are uninsured. Although we will discuss poverty further in the next sub-section, we observe here that, depending on household size, some in this group may exceed the poverty guidelines that would make them Medicaid-eligible but have a low enough income that a Marketplace offer effectively may be unaffordable.

Middle-income households (\$50,000 to \$74,999) comprise a fairly substantial share of the uninsured, as well, at 20.8 percent, with 14.3 percent of these households uninsured. The second-highest income quintile makes up 10.8 percent of the uninsured, while the highest income households in Nevada represent 14.1 percent of the uninsured. Their uninsurance rates are 10.0 percent and 7.2 percent, respectively. Insofar as the most high-income Nevada households make up a not-inconsiderable share of the uninsured, it is possible that some in this quintile forgo health insurance if they need to purchase directly from the Marketplace but exceed the phase-out for federal subsidies; health coverage may be unaffordable for this group, as well.⁴⁹



Figure 16. The Uninsured Population in Nevada, by Household Income, 2017



Poverty

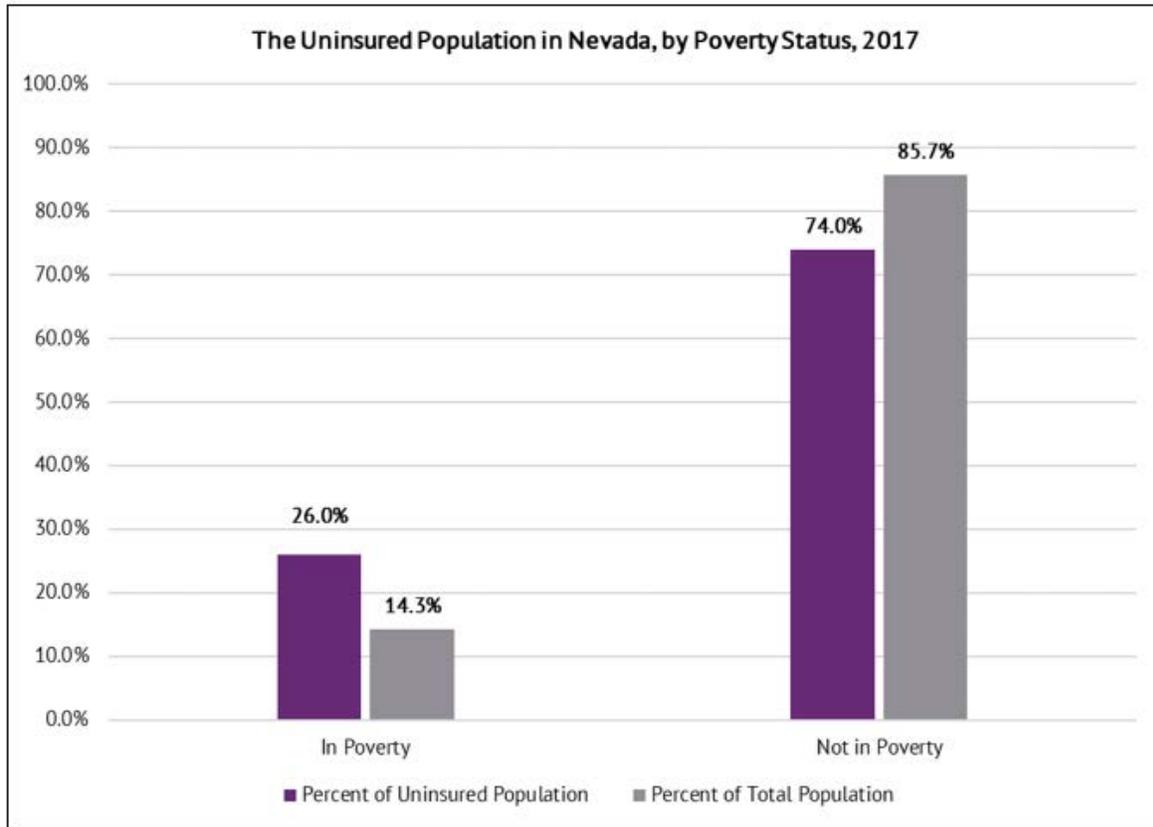
In 2017, the poverty line for an individual was \$12,060; for families/households of two, it was \$16,240, for families/households of three, it was \$20,420, and for four-person families/households, it was \$24,600.⁵⁰ Figure 17 compares Nevadans in poverty with those not in poverty, as shares of the uninsured.

Individuals in poverty make up more than one-quarter of the state’s uninsured population (26.0 percent). The 2.4 million Nevadans who do not live in poverty represent 74.0 percent of the uninsured. Amongst individuals living in poverty, 25.4 percent are uninsured, while those above the poverty line have an uninsurance rate of 12.1 percent.

As the previous sub-section demonstrated, it is those Nevadans with household incomes in the second lowest quintile (\$25,000 to \$49,999) that are most heavily concentrated amongst the uninsured, which are not necessarily those in poverty. And yet, while we know the federal poverty guidelines for 2017, as outlined above, as well as the number of people in poverty, we could not locate data on the number of uninsured by household size. This is a crucial piece of missing information that could explain the disconnect between the distribution of the uninsured along

income categories versus those that are defined as in poverty, particularly as income-based eligibility varies by household size, and family members may qualify for different types of coverage.⁵¹

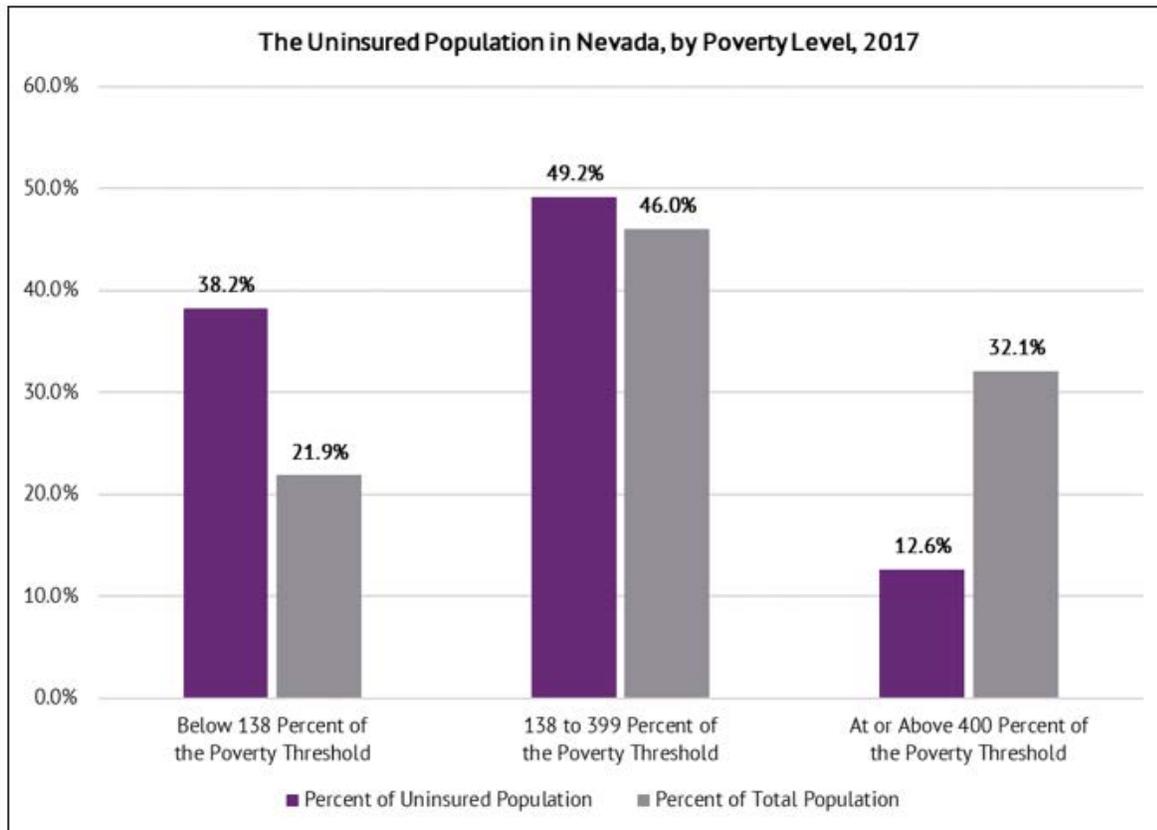
Figure 17. The Uninsured Population in Nevada, by Poverty Status, 2017



The distribution of the uninsured population, by poverty level, is shown in Figure 18. A considerable percentage of the uninsured is below 138 percent of the poverty threshold (38.2 percent). However, those between 138 percent to 399 percent of the poverty threshold constitute nearly a majority of the uninsured in Nevada (49.2 percent). Those at or above 400 percent of the poverty threshold make up 12.6 percent of the uninsured population. Amongst those Nevadans below 138 percent of the poverty threshold, 24.4 percent are uninsured. The uninsurance rate for those between 138 percent to 399 percent of the poverty threshold is 14.9 percent, while that for individuals at or above 400 percent of the poverty threshold is 5.5 percent.

These thresholds are especially salient, as they largely correspond to income levels relative to household size established under the ACA. As noted previously, individuals with incomes below 138 percent of FPL are potentially eligible for Medicaid. (Federal statute specifies 133 percent of FPL, but “[t]he ACA also set a single income eligibility disregard equal to 5 percentage points of the FPL”; this means that eligibility is at an effective level of 138 percent of FPL.)⁵²

Figure 18. The Uninsured Population in Nevada, by Poverty Level, 2017



While individuals or families with incomes below 100 percent of FPL are not barred from purchasing insurance directly from the Marketplace, such coverage likely is unaffordable, as they do not qualify for financial subsidies. In Nevada, these subsidies are available only to those with FPL levels from 138 percent of FPL to 400 percent of FPL. These include cost-sharing reductions (CSRs) for those in the 138-250 percent of FPL range, which are discounts for deductibles, copayments, and coinsurance but require enrollment in a Marketplace plan in the Silver category, and the Advanced Premium Tax Credit (APTC), which immediately reduces monthly payments for enrollees.⁵³ Although APTC eligibility technically ranges from 100 to 400 percent of FPL, the effective eligibility for this credit in Medicaid expansion states, such as Nevada, is 138 to 400 percent of FPL, as those below the lower bound are Medicaid-eligible and thus do not qualify for subsidized coverage on the Marketplace.⁵⁴ Eligibility for the APTC phases out above 400 percent of FPL.⁵⁵

These thresholds provide a rough estimate for those who may be eligible for health insurance in Nevada and are uninsured, though there are some limitations. The ACS data includes those at 400 percent of FPL in its top threshold, whereas the APTC phase-out is above 400 percent of FPL, meaning that it is not distributed to match the ACA's income guidelines precisely; some who qualify for the APTC may be included in the group that does not. Generally, the data does not align perfectly with program eligibility, as income is not the only basis for that determination. We examine program eligibility more closely in the next section.

Health Insurance Eligibility in Nevada

Our analysis of the demographic, social, and economic characteristics of Nevada’s uninsured shows that individuals and households that lack health insurance coverage are distributed across all population strata. Young and old, white individuals and people of color, the employed and the unemployed—the plight of uninsurance is one that nearly 400,000 Nevadans face daily. However, some groups are represented disproportionately amongst the uninsured. These include, but are not limited to, young adults, Latinos, the less educated, workers, and lower income individuals. Low socioeconomic status seems to be associated with uninsurance in the state.

While some Nevadans may meet the income qualifications for insurance, either through Medicare, Medicaid, or the Marketplace, they may be disqualified from coverage for other criteria, such as citizenship status. Some are eligible but face obstacles that limit access, including language barriers, inadequate health insurance literacy, and/or a lack of eligibility awareness, amongst others. And others may qualify for coverage through offers that meet the technical definition of affordability but are not so in practice, especially given that, in Nevada, “costs of living are outpacing median household income statewide.”⁵⁶ Rising premiums have compounded the problem, and, in this context, some people assume the risk of forgoing health insurance.⁵⁷

Reaching Nevada’s uninsured likely will necessitate a diverse mix of strategies, including increased outreach and education to those who are eligible but struggle to navigate the complexities of the health insurance system, and policy interventions if gains in coverage amongst the ineligible is a state objective. Table 1 provides estimates of the eligible uninsured and the non-eligible uninsured in Nevada, prepared for the Guinn Center by the Urban Institute. To construct the estimates, the Urban Institute used its proprietary Health Insurance Policy Simulation Model. The data presented in Table 1, unlike that in other sections of this report, captures only non-elderly adults and is for 2019, rather than 2017.

Table 1. Uninsured Nonelderly People in Nevada by Eligibility Type, Current Law 2019

Uninsured Nonelderly People in Nevada by Eligibility Type, Current Law 2019		
	Number of Uninsured People, 2019	Percent of Total Uninsured
Total	403,000	100%
Program Eligibility		
Medicaid/CHIP-Eligible	148,000	37%
Marketplace Tax Credit-Eligible	77,000	19%
Family Income at or Below 200% of FPL	26,000	6%
Family Income Above 200% of FPL	51,000	13%
Ineligible for Tax Credit Because of Affordable ESI Offer	49,000	12%
Ineligible Because of Immigration Status	109,000	27%
Ineligible Because of Higher Income	20,000	5%

Source: The Urban Institute’s Health Insurance Policy Simulation Model (HIPSM), 2019

More than half of uninsured Nevadans (225,000; 55.8 percent) are eligible but uninsured. The remainder—178,000, or 44.2 percent—are ineligible for insurance coverage. Of the eligible uninsured population, 65.8 percent are Medicaid/CHIP-eligible, and 34.2 percent are Marketplace Tax Credit-eligible. From a distributional standpoint, 37.0 percent of the uninsured are Medicaid/CHIP-eligible, while 27.0 percent of the uninsured lack coverage because of immigration status. By way of comparison, nationally, Medicaid/CHIP-eligible individuals represented 25.0 percent of the uninsured population, and 16.2 percent were ineligible because of immigration status in 2017.⁵⁸

According to the Urban Institute, those in the former group, as well as those who are Marketplace tax credit-eligible with family incomes at or below 200 percent of FPL (26,000 individuals in Nevada; 6.0 percent of the total uninsured) are prime candidates for outreach and enrollment efforts “because the coverage available to them is subsidized the most.”⁵⁹ (The latter group is eligible for considerable federal subsidies, including APTC and CSRs.)⁶⁰

Affordability is likely to be an issue for those with incomes above 400 percent of FPL but no employer-sponsored insurance (ESI) (20,000 individuals in Nevada; 5.0 percent of the total uninsured), as that is the threshold of APTC phase-out.⁶¹ It may be even more pronounced for those who are Marketplace tax credit-eligible with family incomes above 200 percent of FPL (51,000 individuals in Nevada; 13.0 percent of the total uninsured), given that their incomes are lower than those above the 400 percent of FPL threshold, their tax credits (APTC) are smaller, and only those with incomes up to 250 percent of FPL qualify for CSRs on a Silver Plan.⁶²

Those who are ineligible for tax credits (APTC) because of an affordable ESI offer, which amounts to 49,000 Nevadans (12.0 percent of the total uninsured), may encounter the most serious affordability of all. In 2017, affordability of employer coverage was defined as an employee contribution that was less than 9.69 percent of household income.⁶³ As the Urban Institute explains, “[s]ome of these people are caught in the ‘family glitch,’ where all family members are denied access to [M]arketplace financial assistance because one adult worker has an offer of affordable single coverage, even though family coverage is very costly relative to income.”⁶⁴

Unauthorized immigrants, as we have discussed earlier in this report, are ineligible for most coverage as a result of their immigration status. Using data for 2017, we observed that about 210,000 Nevadans were unauthorized immigrants, and using the national uninsurance rate for the unauthorized population (45.0 percent), we estimated that roughly 94,500 unauthorized immigrants in Nevada were uninsured. The Urban Institute places their number at 109,000, which suggests that our findings comport, as population in the state, overall, is likely to have grown between 2017 and 2019.

As federal health care reform remains in flux, states have taken the lead in pioneering solutions for their uninsured populations. But as decision makers in Nevada consider options, they must tailor and scale them to the state’s structural dimensions. For example, California recently expanded health care benefits to unauthorized immigrants between the ages of 19 and 25 through its Medi-Cal program; however, it instituted a state version of the individual mandate to pay the expected \$98

million in costs.⁶⁵ As Nevada has no state income tax, it would be difficult to secure additional revenue to finance such a program in a similar manner.

As another example, the Basic Health Program (BHP) is a coverage program authorized under Section 1331 of the ACA that two states—Minnesota (“MinnesotaCare”) and New York (“Essential Plan”)—established in 2015 to offer low-cost insurance options to certain residents, including those that are Marketplace-eligible but struggle with affordability (i.e., income between 133 percent and 200 percent of FPL) and lawfully present non-citizens with income that does not exceed 133 percent of FPL but do not qualify for Medicaid as a result of their immigration status.⁶⁶ Minnesota’s uninsurance rate is 5.4 percent, which is 47th-lowest in the nation, and New York’s is 7.6 percent, for a ranking of 36th-lowest.⁶⁷ At least to a certain extent, their low uninsurance rates may be attributed to take-up of this federally available coverage option.

But a BHP may not be practicable for Nevada: states need a large Marketplace pool to make it feasible—those with direct-purchase insurance in the state represent only 5.5 percent of the population, as detailed with respect to Figure 1—and it is unknown how many individuals in the Marketplace are below 200 percent of FPL and what the nature of its risk mix is; a significantly healthier pool under 200 percent of FPL could drain the exchange. An actuarial study that determines the intersection of risk mix (health) and wealth likely would be necessary to evaluate the viability of a BHP for Nevada.⁶⁸

Nevada continues to explore policy solutions, as well, having recognized the need to stabilize its health insurance market and reduce the number of Nevadans without health insurance. In fact, increased access to affordable health care in Nevada is the subject of a legislatively-commissioned study on the feasibility a public health insurance plan for all residents of the state via passage of Senate Concurrent Resolution (SCR) 10 in the 80th (2019) Session.⁶⁹ With one of the highest uninsurance rates in the nation and a population that is only growing, Nevada’s decision makers should explore all possible remedies, not only to minimize the problem, but to ensure that its residents continue to thrive.



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