THE AFFORDABLE CARE ACT AND POVERTY

2010: The year ACA was passed, 29.5% of all people under 65 years old and living in poverty had no health insurance coverage.

2014: With federal subsidies, states could expand Medicaid to people at 138% of the Federal Poverty Level, which that year was about $15,500 for an individual and $31,720 for a family of four.

2014: The total uninsured rate of those under 65 who live in poverty fell to 24.1%. Almost all of these improvements came from higher rates of public health insurance coverage.

Living in poverty is associated with long-term health risks.

The ACA expands coverage and services to the poor but could also reduce funding for the hospitals serving them.

In 2012 ACA awarded $629 million to renovate or expand health centers providing care to underserved populations. These funds are expected to expand access to 860,000 additional patients.

Starting in 2014, 32.1 million Americans will gain access to coverage for mental health and/or substance use treatment. The poor and near poor suffer higher rates of mental illness and serious psychological distress than those who are not poor.

Planned reductions in disproportionate share hospital payments for charity care may present challenges for safety net hospitals, particularly in states that do not expand Medicaid.

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