

April 2015 | Fact Sheet

## The Pennsylvania Health Care Landscape

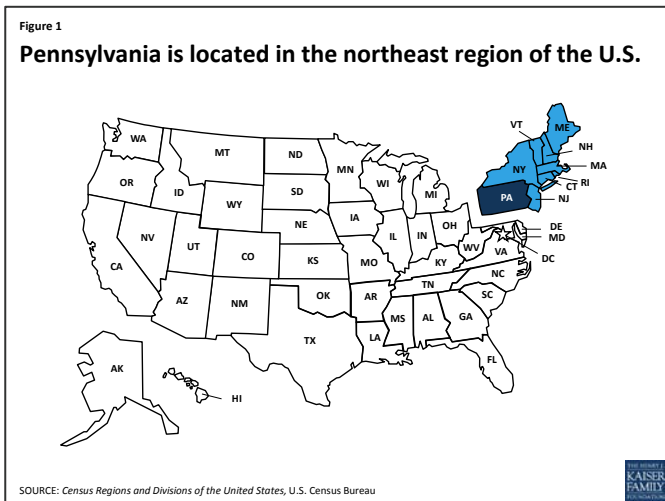
The Affordable Care Act (ACA) went into full effect on January 1, 2014, ushering in health insurance reforms and new health coverage options in Pennsylvania and elsewhere across the country. Pennsylvania is experiencing changes to its health care delivery system as the state expands Medicaid, provides new coverage options through the federal health insurance marketplace, streamlines application and enrollment processes for coverage programs, and implements new health care delivery system and payment reforms. This fact sheet provides an overview of population health, health coverage, and the health care delivery system in Pennsylvania in the era of health reform.

### DEMOGRAPHICS

**Pennsylvania is home to over 12.7 million people, making it the sixth most populous state in the U.S.**<sup>1</sup>

With nearly 45,000 square miles, Pennsylvania is the 32<sup>nd</sup> largest state.<sup>2</sup> Pennsylvania is bordered by six states and is one of nine states located in the country's Northeast region (Figure 1).<sup>3</sup> In the Northeast region, it is the second most populous state, after New York.

Pennsylvania's topography is carved out by the Appalachian Mountains, which run through the center and cover most of the state, giving it rolling hills, ridges and plateaus, and valleys.<sup>4</sup>



**Much of Pennsylvania is rural, but the majority of the population lives in metropolitan areas.**

Among the state's 67 counties, seven had total populations that met or exceeded 400,000 (See Figure 11, Appendix).<sup>5</sup> A majority of the state's population (83%) lives in metropolitan areas<sup>6</sup> and four counties (Philadelphia, Allegheny, Montgomery, and Bucks) account for one-third of the state's population<sup>7</sup>.

Additionally, 52 of the state's 67 counties are within the Appalachian region,<sup>8,9</sup> accounting for almost half of the population (45%).<sup>10</sup>

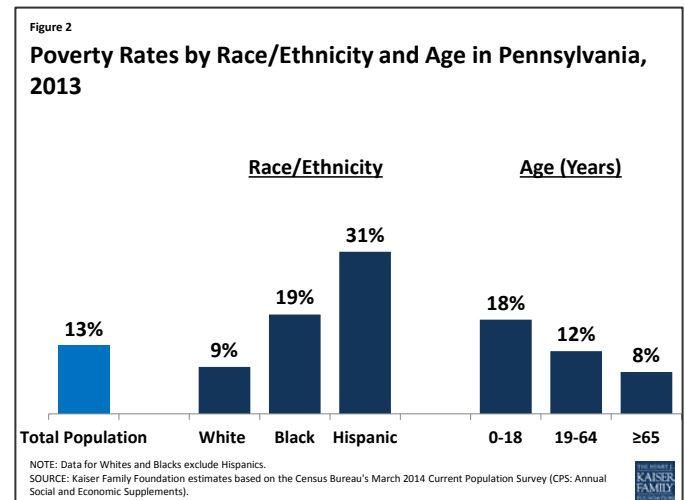
**Social and demographic population patterns in Pennsylvania, including race/ethnicity, citizenship status and age distribution, are less diverse than other states in the Northeast and the United States overall (Table 1).** Pennsylvania is less racially diverse than the Northeast region and U.S. overall. A larger share of Pennsylvanians identify as White compared to the national average (78% versus 62%), while fewer identify as Hispanic (7% in Pennsylvania versus 17% nationally). However, the Pennsylvania Department of Health projects that the share of Pennsylvania's population who are people of color will grow to 20% by 2025.<sup>11</sup> Just over one in five Pennsylvanian residents (22%) are children, more than nine in ten (94%) are U.S.-born citizens, and over one quarter of nonelderly adults (27%) have at least a college degree. Over

eight in ten of residents (83%) live in a household with at least one full-time worker.<sup>12</sup> Additionally, while only eight percent of Pennsylvania's rural population identifies as a racial/ethnic minority in 2010, rural ethnic minorities tend to be younger, have lower income, higher poverty rates and higher unemployment rates than White rural residents.<sup>13</sup>

Table 1: Selected Demographic Characteristics of the Pennsylvanian Population, Compared to the Northeast and United States Overall, 2012- 2013			
	Pennsylvania	Northeast	United States
<b>Race/Ethnicity</b>			
White	78%	68%	62%
Black	10%	10%	12%
Hispanic	7%	13%	17%
Other Race/Ethnicity	5%	8%	8%
<b>Age</b>			
0-18	22%	23%	25%
19-64	61%	62%	61%
65+	16%	15%	14%
<b>Citizenship Status</b>			
U.S.-Born Citizen	94%	84%	87%
Naturalized Citizen	3%	8%	6%
Non-Citizen	3%	7%	7%
<b>Educational Attainment of Adults (19- 64)</b>			
Less than High School	9%	9%	10%
High School Graduate	35%	28%	26%
Some College/Assoc. Degree	21%	22%	25%
College Grad or Greater	27%	31%	26%
<b>Employment Characteristics of Nonelderly</b>			
Households with at Least 1 Full-time Worker	83%	82%	81%

NOTE: Data may not sum to 100% due to rounding and data restrictions.  
 SOURCE: Kaiser Family Foundation estimates based on the Census Bureau's March 2014 Current Population Survey (CPS: Annual Social and Economic Supplement).

**While the overall share of Pennsylvanians living in poverty is slightly lower than the national average (13% vs. 15%), Pennsylvania has wide disparities in poverty rates by race/ethnicity and age. In Pennsylvania, Blacks are twice as likely and Hispanics are more than three times as likely as whites to be poor (Figure 2). As in most other states, children in Pennsylvania are also substantially more likely than adults to live in a poor household. As of 2013, almost one in five (18%) Pennsylvania children under age 19 were living in poverty, compared to one in ten nonelderly adults (12%) and 8 percent of seniors age 65 and over.**<sup>14</sup>



## STATE ECONOMY

**Pennsylvania's economy continues to recover after the recession.** As of December 2014, Pennsylvania has a lower unemployment rate (4.8%) than the national average (5.6%).<sup>15</sup> In 2013, Pennsylvania's total state Gross Domestic Product (GDP) was \$645 billion, making it the 6<sup>th</sup> largest economy in the country.<sup>16</sup> Pennsylvania also experienced a 2.4% increase in its GDP between 2012 and 2013, less than the national average of 3.5% growth.<sup>17</sup> The health care and social assistance sectors are major contributors to the state economy, accounting for over one-tenth of the total increase in GDP between 2012 and 2013.<sup>18</sup> Other major private industries in Pennsylvania include manufacturing and real estate.<sup>19</sup>

## POPULATION HEALTH

**Pennsylvania falls below national averages in rankings of state population health.** Pennsylvania ranks 28<sup>th</sup> among the 50 states in the United Health Care Foundation's report, *America's Health Rankings 2014*.<sup>20</sup> In the Commonwealth Fund rankings of state health system performance, Pennsylvania dropped from 14<sup>th</sup> to 22<sup>nd</sup> between 2009 and 2014.<sup>21</sup> Compared to other states, Pennsylvania has substance abuse, Parkinson's disease and heart disease related-mortality rates that are above national averages.<sup>22</sup> Conversely, HIV, alcohol-related, and liver disease death rates in Pennsylvania are below national averages.<sup>23</sup> The teen pregnancy rate has been steadily declining to just over half of what it was two decades ago (49% in 2010 compared to 89% in 1988), and today Pennsylvania has a teen pregnancy rate below the national average of 57%.<sup>24</sup>

**Disparities in health and health care access exist in Pennsylvania.** As in other states across the country, measures of health status in Pennsylvania vary by race/ethnicity and patterns across these measures in Pennsylvania are similar to national data (Table 2). One quarter of Black (25%) and Hispanic (22%) residents report being in fair or poor general health compared to 16% of those who identify themselves as White. Over four in ten Hispanics (43%) and Blacks (41%) report having frequent mental distress, compared to one-third (34%) of Whites. Additionally, Blacks (28%) and Hispanics (26%) are more likely to smoke than Whites (20%). Disparities in access to care also exist in Pennsylvania. As at the national level, Hispanics in Pennsylvania are more likely to report having no usual source of care (30%) compared to Blacks (20%) and Whites (12%). Additionally, White (17%) and Hispanic (16%) residents in Pennsylvania are more likely than Blacks (10%) not to have had a doctor visit in the past 2 years.

**Table 2: Selected Measures of Health Status and Health Access by Race/Ethnicity in Pennsylvania Compared to the United States, 2011- 2012**

Share reporting that they:	Pennsylvania			United States		
	White	Black	Hispanic	White	Black	Hispanic
Have fair or poor general health	16%	25%	22%	16%	23%	26%
Are overweight or obese	65%	70%	69%	63%	73%	68%
Smoke	20%	28%	26%	19%	20%	14%
Have frequent mental distress	34%	41%	43%	33%	36%	34%
Have no usual source of care	12%	20%	30%	18%	26%	41%
Have not had a checkup in the past 2 years	17%	10%	16%	17%	11%	22%

Data may not sum to 100% due to rounding and data restrictions. Data for Whites and Blacks exclude Hispanics.

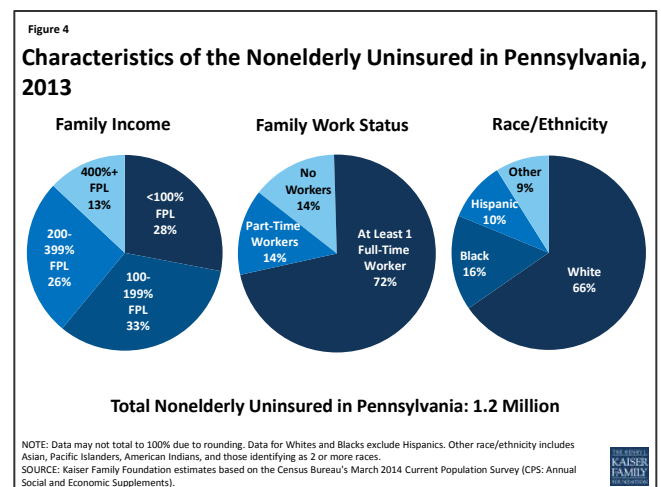
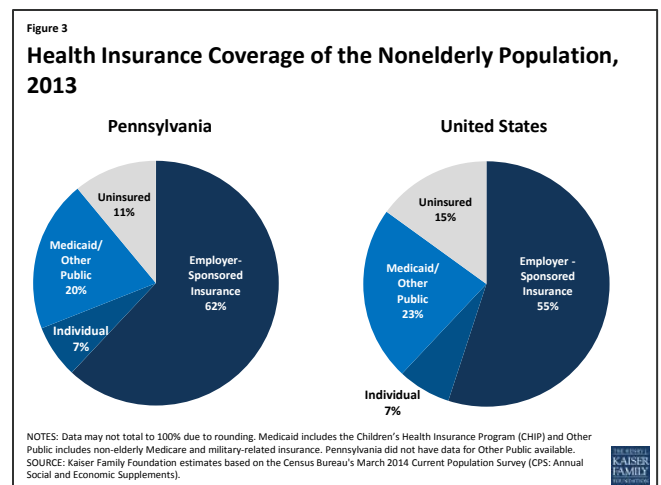
SOURCE: KCMU analysis of the Centers for Disease Control and Prevention (CDC)'s Behavioral Risk Factor Surveillance System (BRFSS) 2013 Survey Results.

In addition, disparities in health and health access exist across the geographic regions of the state, with Pennsylvanians living in rural communities more likely to have unmet health needs and have poor access to health care than those in urban communities.<sup>25</sup> A 2012 report from the Pennsylvania Department of Health found that individuals living in rural communities had higher rates for cancer, obesity, heart disease, and diabetes.<sup>26</sup> According to the same report, children and non-elderly adults living in rural communities are also more likely to be uninsured.<sup>27</sup>

**State and local efforts are working to address health disparities in Pennsylvania.** Pennsylvania's Office of Health Equity (OHE) was integrated into the Pennsylvania Department of Health in 2007 and has collaborated with health department staff, other state government agencies, educational institutions, health providers and community based organizations to reduce health disparities and achieve health equity.<sup>28</sup> In 2010, the U.S. Department of Health and Human Services Office of Minority Health awarded Pennsylvania a three year grant to increase support of community programs working to eliminate health disparities and increase the number of minority professionals and physicians providing care to underserved and underrepresented populations throughout Pennsylvania.<sup>29</sup> Educational institutions in the state are also working to study and improve health equity across Pennsylvania. For example, the Center for Health Equity at the University of Pittsburgh is working to understand and reduce health disparities in underserved populations, particularly those in Western Pennsylvania, through research and education, and by providing capacity building services to community organizations in the region.<sup>30</sup> The University of Pittsburgh Cancer Institute also has an Office of Health Equity, Education, and Advocacy to work to reduce health disparities related to cancer.<sup>31</sup>

## HEALTH COVERAGE IN PENNSYLVANIA

**In 2013, prior to the implementation of the ACA coverage expansions, over 1.2 million people, or 11% of Pennsylvania's nonelderly adults and children, were uninsured (Figure 3).**<sup>32</sup> This rate is less than the national average of 15%, which reflects the range of uninsured rates across the country from 4% in Massachusetts to 23% in Nevada and Texas. As shown in Figure 12 (Appendix), the nonelderly uninsured in Pennsylvania are unequally distributed across the state's counties. As in other states across the U.S., the majority of nonelderly uninsured in Pennsylvania have at least one full-time worker in their household (72%) and have income below 400% of the FPL (87%). Two-thirds (66%) of nonelderly uninsured Pennsylvanians identify as White, 16% identify as Black, 10% identify as Hispanic and 9% identify as another race/ethnicity (Figure 4).<sup>33</sup> Among the 89% of Pennsylvanians with insurance in 2013 over six in ten (62%) were covered under an employer plan. One in five Pennsylvanians (20%) were enrolled in Medicaid or the Children's Health Insurance Program (CHIP) (Figure 3).



## MEDICAID PRIOR TO THE ACA'S MEDICAID EXPANSION

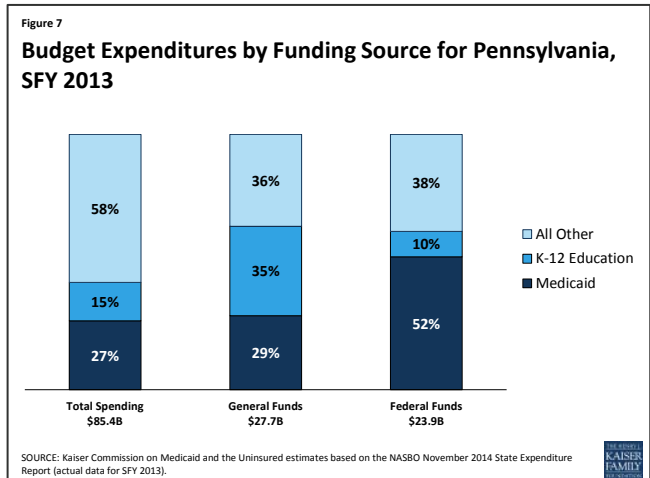
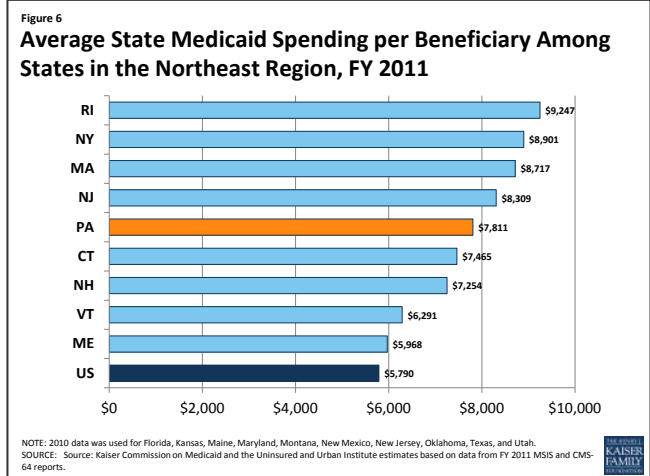
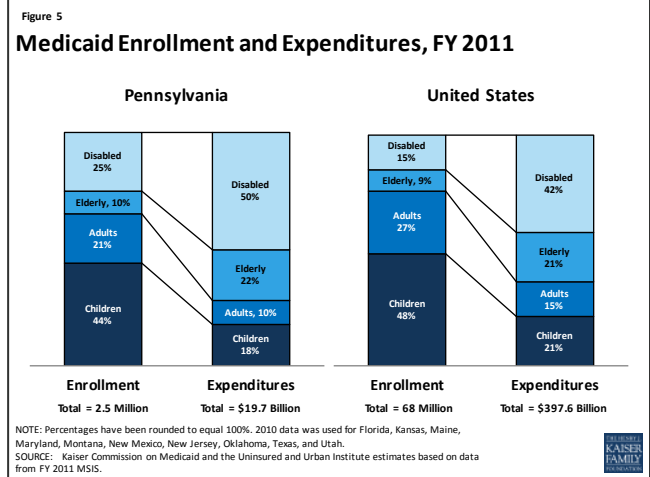
**Medicaid and CHIP help to fill gaps in the availability of private coverage.** However, prior to the ACA, children and pregnant women were more likely than adults to be enrolled since Medicaid eligibility for adults has historically been limited to parents with very low incomes. As of 2013, over one-third of Pennsylvania children (34%) were enrolled in Medicaid or CHIP, compared to about one in ten nonelderly adults (11%).<sup>34</sup>

**While a majority of Medicaid enrollees in Pennsylvania are children and non-elderly adults, the elderly and people with disabilities account for most of the expenditures in the program.** As of Fiscal Year 2011, children made up 44% of Medicaid enrollees in Pennsylvania, but accounted for about one-fifth (18%) of total Medicaid expenditures (Figure 5).<sup>35</sup>

Conversely, the elderly and people with disabilities accounted for about one-third (35%) of enrollees, but 72% of total program costs. Average spending per beneficiary in Pennsylvania was \$7,811, the fifth highest in the Northeast and much higher than the national average of \$5,790 (Figure 6).<sup>36</sup>

Medicaid costs are shared by the state and the federal government, with the federal government paying more than half (52%) of the cost of Pennsylvania Medicaid. For every dollar that Pennsylvania spends on Medicaid, the federal government sends \$1.08 in matching funds to the state.<sup>37</sup> Medicaid spending accounted for 27% of total state spending in SFY 2013, 29% of state general fund spending, and 52% of all federal funds spent by the state (Figure 7).<sup>38</sup> Medicaid is the second largest category of state general fund spending behind elementary and secondary education, but it is the single largest source of federal funds flowing into the state.<sup>39</sup>

**Most Medicaid beneficiaries are enrolled in managed care plans.** In Pennsylvania, almost 1.6 million Medicaid beneficiaries, or 64% of the total Medicaid population, are enrolled in one of the state's nine managed care plans.<sup>40</sup> Of the nine managed care plans, six are owned by a multi-state parent firm, including three owned by Independence Blue Cross and one owned by Aetna.<sup>41</sup> Half (50%) of Medicaid MCO beneficiaries in Pennsylvania are enrolled in a plan owned by a multi-state parent firm.<sup>42</sup> Additionally, two plans are run by local health care systems, Geisinger Health Plan and UPMC Health Plan, Inc. Together, these two plans insure almost one quarter (24%) of Pennsylvania Medicaid beneficiaries enrolled in a managed care plan.<sup>43</sup>





## THE AFFORDABLE CARE ACT IN PENNSYLVANIA

A main goal of the Affordable Care Act (ACA) is to extend health coverage to many of the 47 million nonelderly uninsured individuals across the country, including many of the 1.2 million uninsured Pennsylvanians. The ACA accomplishes this through market insurance reforms and by establishing new coverage pathways, including an expansion of Medicaid to cover nearly all nonelderly adults up to 138% FPL (\$16,242 for an individual and \$27,724 for a family of three in 2015) and by providing premium subsidies to most individuals with incomes from 100 to 400% FPL to purchase coverage on the Health Insurance Marketplace. The Supreme Court decision on the ACA's constitutionality effectively made the adult Medicaid expansion a state option, and Pennsylvania is one of 29 states (including DC) that has adopted the expansion.<sup>44, 45</sup>

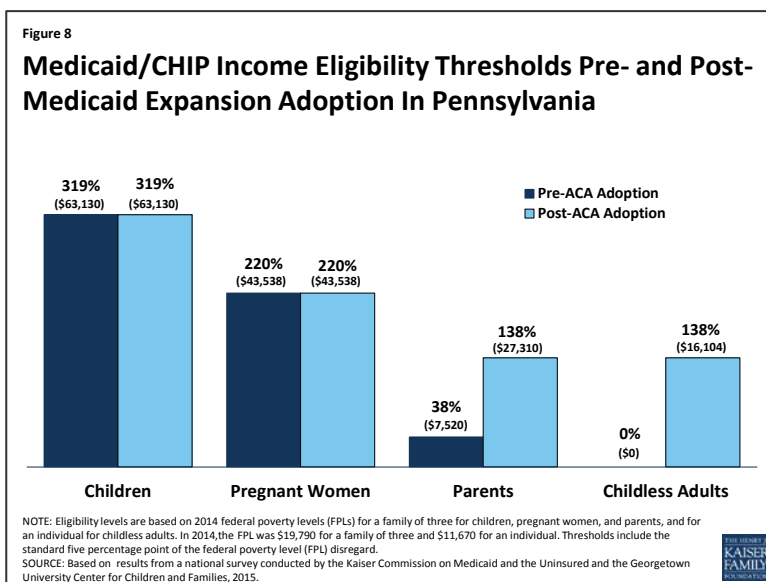
### MEDICAID EXPANSION IN PENNSYLVANIA

Pennsylvania is one of 29 states currently adopting the ACA Medicaid expansion, which extends Medicaid coverage to an estimated 500,000 low-income uninsured adults in the state.<sup>46</sup> While most states implemented the Medicaid expansion on January 1, 2014, former Governor Tom Corbett implemented the Medicaid expansion during 2014 through a Section 1115 demonstration called [Healthy Pennsylvania](#). Coverage under the waiver became effective January 1, 2015. However, newly-elected Governor Tom Wolf announced in February 2015 that Pennsylvania would withdraw the Healthy Pennsylvania waiver and related benefit change requests from Centers for Medicare and Medicaid Services and instead implement a traditional Medicaid expansion called Health Choices.<sup>47</sup> The transition from Healthy Pennsylvania to Health Choices is planned to be completed by September 30, 2015.<sup>48</sup>

With the adoption of the Medicaid expansion, eligibility levels for parents and childless adults have increased (Figure 8). The coverage expansion on January 1, 2015 in Pennsylvania increased parent eligibility from 38% of the federal poverty level (FPL) in 2014 to 138% FPL in 2015.<sup>49</sup> Similarly, eligibility levels for childless adults increased from 0 to 138% FPL.<sup>50</sup> Eligibility levels for children and pregnant women remain higher at 319% FPL (through a separate CHIP program) and 220% FPL, respectively, compared to parents and childless adults.

In addition to expanding coverage to many uninsured Pennsylvanians, studies suggest that the expansion is expected to result in a number of positive economic benefits. The federal government pays 100% of the cost of coverage for those newly eligible through 2016, and then

phases payments down to 90% in 2020 and beyond. A 2013 study from the University of Pittsburgh and RAND estimated that with the Medicaid expansion Pennsylvania would receive \$16.5 billion in additional Medicaid federal funds from 2014-2020.<sup>51</sup> An increase of federal inflows to the state of \$2.2 to \$2.5 billion as a result of the expansion is projected to lead to \$3.2 to \$3.6 billion in additional economic activity in Pennsylvania.<sup>52</sup>



**As part of the ACA, all states are required to implement new simplified eligibility and enrollment processes, and Pennsylvania has made significant progress in implementing some of these changes.** As of January 2015, individuals in Pennsylvania can apply for both Medicaid and Health Insurance Marketplace coverage through multiple pathways, including in-person, over the phone, by mail, and online.<sup>53</sup> Pennsylvania also has an online portal through which users can apply for a variety of services including Medicaid, Supplemental Nutrition Assistance Program (SNAP), cash assistance, and Low Income Home Energy Assistance Program (LIHEAP).<sup>54</sup>

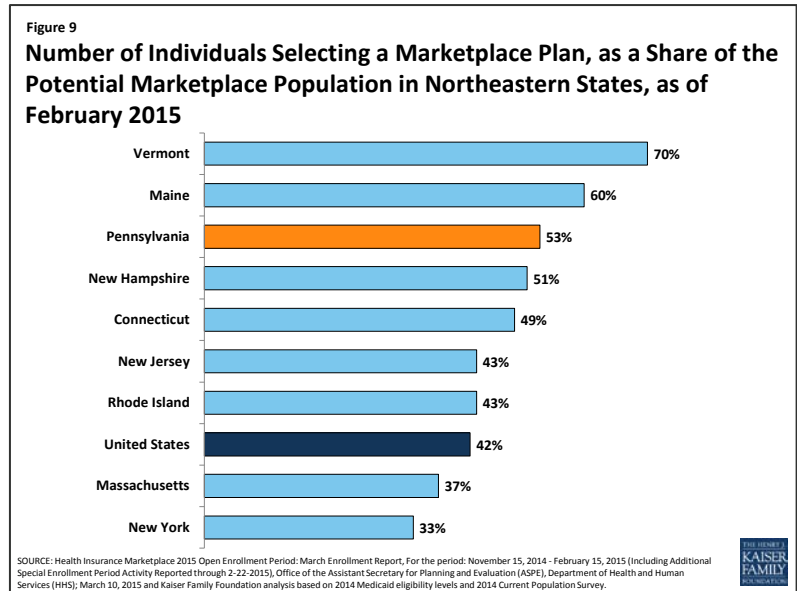
**These simplifications, which included new requirements to streamline the Medicaid application process, were expected to promote increased enrollment among individuals who were already eligible for Medicaid or CHIP before the ACA but had not enrolled, many of whom are children.** Between Summer 2013 and January 2015, Medicaid enrollment in Pennsylvania increased by almost 108,000 individuals.<sup>55</sup> The majority of that increase (90,200 individuals) occurred between December 2014 and January 2015 as a result of the Medicaid expansion that took effect January 1, 2015 in Pennsylvania.<sup>56</sup> Children account for a substantial share (51%) of total enrollment as of January 2015.<sup>57</sup>

**Children in Pennsylvania with family incomes above Medicaid eligibility levels<sup>58</sup> are covered through the state's separate CHIP program.** In 1992, House Bill 20, the Children's Health Insurance Act, created Pennsylvania's Children's Health Insurance Program (CHIP).<sup>59</sup> This program was used as the model for the federal government's State Children's Health Insurance Program (SCHIP) program created in 1997. Currently, Pennsylvania is one of 29 states using CHIP funds to operate a separate CHIP program, rather than expand their Medicaid program or adopt a combination approach. Similar to Medicaid, CHIP costs are shared by the state and the federal government, with the federal government paying 89% of the cost of Pennsylvania CHIP.<sup>60</sup> Additionally, states have more flexibility to charge premiums in their separate CHIP programs than in Medicaid, although many limit charges to nominal amounts. In Pennsylvania, families with incomes above 208% FPL of children enrolled in CHIP are required to pay premiums and co-payments amounts as determined by the state.<sup>61</sup> In 2014, the state increased Medicaid eligibility limits for all children, regardless of age, causing some children enrolled in CHIP coverage to be moved to Medicaid coverage.<sup>62,63</sup>

## HEALTH INSURANCE MARKETPLACE

**During the first two ACA open enrollment periods, Pennsylvanians were able to shop for health plans through HealthCare.gov, the federal Health Insurance Marketplace.** Under the ACA, states had the option to establish their own State-based Marketplace, build a Marketplace in partnership with the federal government, or default to the Federally-facilitated Marketplace. Former Governor Corbett announced in December 2012 that Pennsylvania would not set up a State-based Marketplace, making the state one of 27 for which the federal government has established and is running the Health Insurance Marketplace.<sup>64,65</sup> Seven insurers offered Qualified Health Plans (QHPs) in the Pennsylvania Marketplace in 2014 and nine offered them in 2015.<sup>66</sup> Between open enrollment in 2014 and open enrollment in 2015, monthly premiums for a benchmark QHP in Philadelphia before tax credits decreased from \$300 a month to \$268 a month for an individual.<sup>67</sup>

**As of March 2015, 472,697 Pennsylvanians had enrolled in Marketplace coverage during the 2014-2015 open enrollment period, most (81%) of whom received premium subsidies to purchase coverage.**<sup>68</sup> One third (34%) of Marketplace enrollees in Pennsylvania were under age 35.<sup>69</sup> While the majority (59%) of total individuals enrolling in the 2014-2015 open enrollment period were reenrolling, over four in ten (41%) of Pennsylvanians enrolled in Marketplace coverage were new customers.<sup>70,71</sup> Among all states, Pennsylvania had the 5<sup>th</sup> largest share of Marketplace-eligible people enrolled in a Marketplace plan as of February 2015 (53%) and had the third largest share in the Northeast, after Vermont and Maine (Figure 9).<sup>72</sup> The *King v. Burwell* legal case heard on March 4, 2015 by the United States Supreme Court may potentially affect the availability of premium subsidies in states with a Federally-facilitated Marketplace, such as Pennsylvania; however, until the issue is resolved in court, the federal government will continue to provide premium subsidies.<sup>73</sup>



**Support for outreach and enrollment in Pennsylvania is being provided by the federal government and private organizations.** In August 2013, the federal government provided approximately \$2.7 million in grant funding to four Navigator entities operating in Pennsylvania – Pennsylvania Mental Health Consumers’ Association (PMHCA), Resources for Human Development (RHD), Pennsylvania Association of Community Health Centers (PACHC), and Mental Health America (MHA). One entity, PMHCA, operated statewide and three, PMHCA, PACHC, and MHA, worked with networks of partners to cover specific geographic areas to help consumers enroll in coverage through the Marketplace and in Medicaid and CHIP.<sup>74</sup> During the 2014-2015 open enrollment period, the National Healthy Start Association, Penn Asian Senior Services, Young Women’s Christian Association of Pittsburgh, and Consumer Health Coalition joined PACHC and PMHCA as the lead consumer assistance agencies in the state. Together, the six agencies received \$2.4 million in Navigator grant funding.<sup>75</sup> Pennsylvania’s community health centers have also played an important role in helping individuals enroll into coverage. The U.S. Department of Health and Human Services awarded federally-qualified health centers (FQHCs) in Pennsylvania more than \$6.3 million for Fiscal Years 2013 and 2014 to assist with outreach and enrollment under the ACA.<sup>76</sup>

## DELIVERY SYSTEM AND THE SAFETY NET

**Pennsylvania is in the process of reforming its delivery system to support provider initiatives to promote new care delivery models and to transform payment models to multi-payer approaches with patient, provider and payer interest.** In February 2013, Pennsylvania was awarded a \$1.5 million State Innovation Model (SIM) Model Design grant by CMS to develop a State Health Care Innovation Plan to improve care quality and reduce costs for patients, and to emphasize population health



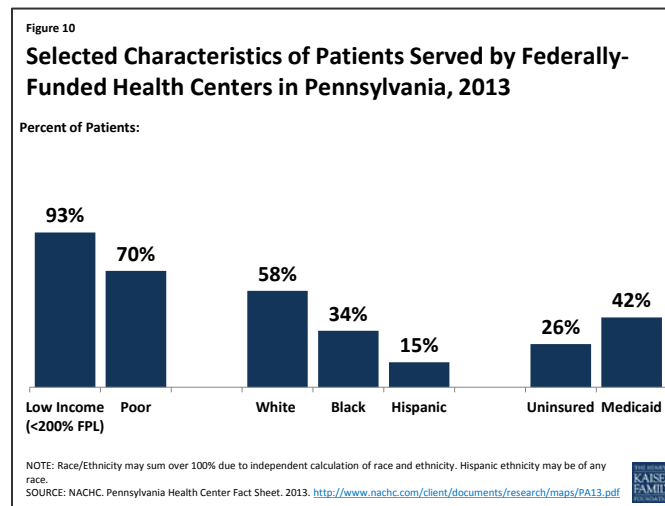
management and coordination with public health and social supports.<sup>77</sup> Implementing new payment models, such as Accountable Provider Organizations (APO) and Patient-Centered Medical Homes (PCMH), will allow the state to provide “super-utilizers” with the appropriate services through community-based care teams.<sup>78</sup> Pennsylvania will expand its use of telemedicine to bring outpatient and inpatient care to underserved and rural parts of the state and health information technology and data usage to improve provider performance, allow insurers to track accountability and modify payment, and inform consumer’s provider choices.<sup>79</sup> The state plans to strengthen the workforce by creating a Healthcare Transformation Support Center that will provide training courses, including medical home training, and disseminate best practices to providers throughout the state. It also plans to use the enhanced telemedicine infrastructure to create the Pennsylvania Health Learning Network, which will provide primary care physicians with access to trainings and consulting services with specialists on complex patients.<sup>80</sup> In December 2014, the state was awarded another \$3 million SIM Model Design grant to continue refining the plan proposed in Round One.<sup>81</sup>

**Compared to other states, Pennsylvania had the twelfth highest long term services and supports (LTSS) expenditures per state resident in FY 2012.**<sup>82</sup> In FY 2012, Pennsylvania’s Medicaid program spent \$7.7 billion on LTSS, devoting approximately 41%, or \$3.2 billion, to home and community based services (HCBS).<sup>83</sup> The share of LTSS dollars that have been devoted to HCBS increased from 29% in 2007 to 41% in 2012, which mirrors a national shift toward serving more people in home and community-based settings rather than institutions due in large part to beneficiary preferences for HCBS, the fact that HCBS typically are less expensive than comparable institutional care, and states’ community integration obligations under the Supreme Court’s *Olmstead* decision, which found that the unjustified institutionalization of persons with disabilities violates the Americans with Disabilities Act.<sup>84</sup>

In December 2014, the State’s Long-Term Care Commission, established by executive order under then-Governor Corbett, released in its final report a summary of Medicaid and state-only funded LTSS programs for older adults and adults with physical disabilities as well as several recommendations for improving care coordination, service delivery, quality, outcomes, and fiscal sustainability.<sup>85</sup> On February 27, 2015, Governor Wolf announced an initiative with the Department of Human Services and the PA Department of Aging “to provide choices for seniors, efficiencies in home and community-based care delivery, and protections so that seniors receive the high quality of care that they seek in their homes”<sup>86</sup> through a combination of executive, budget and legislative actions. Other rebalancing initiatives underway in the state include the Medicaid Money Follows the Person Demonstration and Balancing Incentive Program, which are both time-limited and offer enhanced federal funding. As recommended in the Commission’s final report, the State will move forward with implementing Medicaid managed LTSS for seniors, which has historically been covered under fee-for-service.<sup>87</sup>

**Large provider organizations play important roles in both insuring patients and delivering care to Pennsylvanians.** Geisinger Health System in northeast and central Pennsylvania and University of Pittsburgh Medical Center (UPMC) in western Pennsylvania are both health care systems that expanded into providing insurance, including Medicaid managed care plans, in their respective geographic locations. Geisinger Health System is a physician-led fully integrated health services organization that serves approximately 2.6 million residents across 44 counties in Pennsylvania and insures almost 430,000 through Geisinger Health Plan.<sup>88</sup> In 2007, Geisinger expanded into research by opening its Center for Health Research to investigate a wide range of subjects including obesity, chronic rhinosinusitis, overactive bladder, and veterans’ mental health.<sup>89</sup>

**Pennsylvania's safety net providers continue to play an important role in delivering health care to the state's vulnerable populations.** Pennsylvania's community health centers and hospitals provide access to primary, preventive, and acute care services for low-income and underserved residents. Pennsylvania is home to 40 federally qualified health centers (FQHCs), which operate 257 sites throughout the state.<sup>90</sup> In 2013, the state's FQHCs saw over 680,000 patients and provided nearly 2.3 million patient visits.<sup>91</sup> Over a quarter (26%) of their patients were uninsured and 42% had Medicaid or CHIP coverage.<sup>92</sup> Nearly all (93%) had incomes below 200% FPL, including about three-quarters (70%) who had income below the federal poverty level (Figure 10).<sup>93</sup>



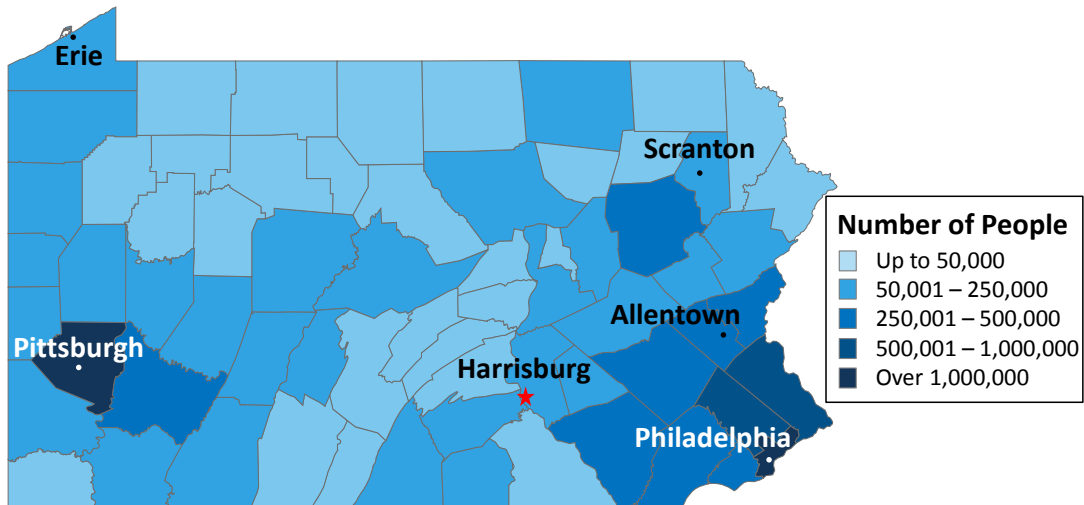
**Notwithstanding Pennsylvania's safety net, there are unmet needs for care.** As of April 2014, Pennsylvania had 159 primary care Health Professional Shortage Areas (HPSA), and 64% of the primary health care need in Pennsylvania was being met.<sup>94</sup> The state had 116 mental health and 160 dental HPSAs, and about 60% of the need for mental health care and 40% of the need for dental services was being met.<sup>95</sup> As of 2013, Pennsylvania ranked 5<sup>th</sup> in the country for the ratio of medical residents to 100,000 population (80.1 in PA, compared to 36.6 nationally).<sup>96</sup> However, Pennsylvania ranked 38<sup>th</sup> among states in the percentage of physicians completing graduate medical education in the state who remain in-state to practice, and fell below the average across states (41% in Pennsylvania versus 47% nationally).<sup>97</sup> Pennsylvania is one of 19 states with licensure laws that limit the autonomy of nurse practitioners in at least one area of practice.<sup>98</sup>

## LOOKING AHEAD

With over 12.7 million residents, Pennsylvania is one of the most populous states in the U.S, and the health and health care of its people have important implications for the nation at large. Pennsylvania continues to implement the Medicaid expansion under a new governor. Individuals who have newly gained coverage in the Marketplace and Medicaid are beginning to interact with their new health plans and seek care. Meanwhile, the health care system in Pennsylvania, like all states, is evolving and changing to meet new demands as providers adapt to the changing health coverage landscape. It remains to be seen how these and other changes under the ACA will affect the health, health care access, and health care utilization of Pennsylvanians in the long term.

Figure 11

## Pennsylvania, Nonelderly Population by County, 2009-2013

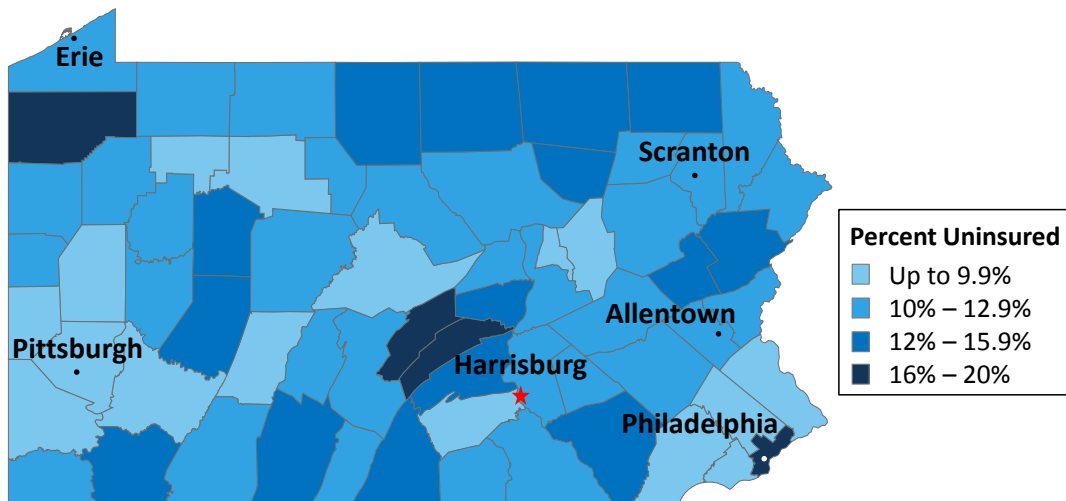


SOURCE: U.S. Census Bureau, 2009-2013 American Community Survey.



Figure 12

## Pennsylvania Nonelderly Uninsured by County, 2009-2013



SOURCE: U.S. Census Bureau, 2009-2013 American Community Survey.



# Endnotes

<sup>1</sup> The Kaiser Family Foundation's State Health Facts. Data Source: Kaiser Family Foundation estimates based on the Census Bureau's March 2014 Current Population Survey (CPS: Annual Social and Economic Supplement). Accessed February 26, 2015. "Total Number of Residents," <http://kff.org/other/state-indicator/total-residents/>.

<sup>2</sup> World Atlas, *United States*, <http://www.worldatlas.com/aatlas/infopage/usabysiz.htm>.

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<sup>62</sup> Medicaid eligibility for infants up to age one increased from 185% FPL in 2013 to 220% FPL in 2014; eligibility for children between one and six years of age increased from 133% FPL in 2013 to 162% FPL in 2014; and eligibility for children over age six increased from 100% FPL in 2013 to 138% FPL in 2014.

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