The Haves and Have Nots: the Uninsured in CT

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CT Health Policy Project for Waterbury Hospital Care Managers
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Insurance Coverage in CT

(US Census, 2006 data)

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<table>
<thead>
<tr>
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</thead>
<tbody>
<tr>
<td>Employer</td>
<td>2,367,000</td>
</tr>
<tr>
<td>Individual</td>
<td>314,000</td>
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<tr>
<td>Medicaid</td>
<td>406,000</td>
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<tr>
<td>Medicare</td>
<td>499,000</td>
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<tr>
<td>Uninsured</td>
<td>325,000</td>
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The Haves

- Most of us – 90.6% in CT insured in 2006
- 55,000 more than in 2005
  - Not into employer coverage, into public programs
- Getting more expensive
  - 5th most expensive state for single coverage 2005
  - 3rd most expensive for families
- More restrictions, more risk
Health care is expensive and getting worse

(US, CMS)
The Have Nots

• 325,000 CT residents without health coverage in 2006
• Two out of three uninsured adults are workers
• Most family incomes $12,000 to $45,000/year
• Tend to be single, young adults age 19 to 29
• Nine out of ten do not have a college degree
• Hispanics in CT are >3 times more likely to be uninsured
Who are CT’s Uninsured?

- Income is most closely correlated with insurance
- Most uninsured workers are employed at small firms (<50 workers)
- Far more likely to work in service sector jobs
- For 6 in 10, their employer does not offer coverage
- Another 14% are not eligible for health benefits at work
- Half are temporary or part-time workers
It’s not healthy to be uninsured

• CT’s uninsured are 10 times less likely to get care for an injury and 7 times less likely to get care for a medical emergency
• The uninsured often go without screenings and preventive care
  – 12% of hospital stays for the uninsured could have been prevented with early treatment
• The uninsured are less likely to access on-going care to manage chronic diseases
• Uninsured Americans are less healthy and die earlier
It’s expensive to be uninsured

• While the uninsured use half as much health care as the rest of us, they pay far more out of pocket
• Half of bankruptcies are due to high medical bills
• The uninsured are four times more likely to delay seeking medical care due to cost
• The uninsured often pay the highest prices for their care, full retail prices, no HMO discounts
It’s not good for communities either

• Taxpayers fund 80 to 85% of care for uninsured
  – Financial strains on safety net providers, funded with public dollars
• Access to care is lower for everyone in communities with higher rates of uninsured
  – Hospitals have fewer beds
  – Less likely to offer trauma and burn care
• Providers raise rates to cover uninsured patients, raising local costs of care and premiums
• The costs of caring for the uninsured adds $257 to each CT individual’s premium and $882 for families
• Public health hazards of increased populations with untreated disease
CT’s Uninsured is not a small problem

Number of Uninsured in CT

= The populations of the City of New Haven + City of Bridgeport + City of Middletown + City of Norwich

<table>
<thead>
<tr>
<th>County</th>
<th>Population</th>
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<tbody>
<tr>
<td>Fairfield County</td>
<td>882,567</td>
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<tr>
<td>Hartford County</td>
<td>857,183</td>
</tr>
<tr>
<td>New Haven County</td>
<td>824,008</td>
</tr>
<tr>
<td><strong>CT’s Uninsured</strong></td>
<td><strong>325,000</strong></td>
</tr>
<tr>
<td>New London County</td>
<td>259,088</td>
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<tr>
<td>Litchfield County</td>
<td>182,193</td>
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<tr>
<td>Middlesex County</td>
<td>155,071</td>
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<tr>
<td>Tolland County</td>
<td>136,364</td>
</tr>
<tr>
<td>Windham County</td>
<td>109,091</td>
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</tbody>
</table>
Number of Uninsured in CT > total # of accountants, auditors, computer programmers, architects, economists, chief executives, social workers, clergy, lawyers, judges, librarians, writers and authors, photographers, dentists, doctors, pharmacists, registered nurses, veterinarians, dental hygienists, fire fighters, security guards, crossing guards, chefs and cooks, waiters and waitresses, dishwashers, janitors, tree trimmers and pruners, hairdressers, child care workers, insurance sales agents, travel agents, file clerks, mail carriers, electricians, painters, bakers, butchers, machinists, tool and die makers, commercial pilots, air traffic controllers, bus drivers, parking lot and service station attendants, fitness trainers, flight attendants, and legislators
The Have Somethings
-not sure what it is

• HUSKY, Medicaid, SAGA covers almost ½ million
• HUSKY covers 1 in every 5 CT children and 1 in every four CT births
• Only half of HUSKY children get a well-child visit each year
• Less than half get dental coverage
• Few providers accept these programs
State budget update 6/07

• HUSKY provider rates increased significantly – up to 50% higher
• HUSKY parents to 185% FPL, pregnant women to 235% FPL
• Children can stay on parents’ policies to age 26
• Primary Care Case Management pilot
• Dangerous premium assistance plan
• Charter Oak Health Plan – to offer coverage to uninsured through individual market, linked to HUSKY
• Cigarette tax increase
• No movement on universal health coverage, despite much hype
Other states are moving ahead

- MA, ME, and VT already have plans in place, providing relief to their uninsured
- PA, RI, CA, NJ and CO have significant, well-considered proposals at various points in the legislative process
Maine

- Dirigo Health Plan – passed June 2003
- 15,800 people now
- Long political history on universal health care
- Public private pool for individuals and small businesses
- Sliding scale premiums, expanded Medicaid
- Paid for with savings from MCOs
Massachusetts

• Commonwealth Care -- passed April 2006
• 125,000 to date
• Long political history on universal health care
• State regulated private pool for all, esp. individuals and small businesses
• Individual mandate and employer fees
• Subsidies for low-income, expanded Medicaid
Vermont

- Catamount Health – passed May 2006
- Started enrolling Oct. 1st, 560 applications by the 10th
- Long political history on universal health care
- State regulated private insurance options for uninsured
- Sliding scale premiums
CT’s 3 current proposals

• Charter Oak -- Governor
• Universal primary care – Sen. Williams
• Public employees pool – Rep. Donovan
Charter Oak

• Business, private industry model
• Linked to HUSKY
• “goal” to offer for $250/month
• No pre-existing conditions
• Basic coverage – may not include mandated benefits, won’t cover dental
• Premium subsidies for low-income
CT Legislative Proposals

• Extremely preliminary
• Universal primary care
  – Public health model
  – Eventually leading to Medicare-for-All
• Merging state employee pool with municipal employees
  – Union, coverage-focused model
  – Eventually offer to uninsured
Why advocate?

Agitators are a set of interfering, meddling people, who come down to some perfectly contented class of the community and sow seeds of discontent amongst them. That is the reason why agitators are so absolutely necessary. Without them, in our incomplete state, there would be no advance toward civilization.

Oscar Wilde
For more help and regularly updated information

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www.cthealthpolicy.org/cthealthnotes
and visit

The Health Advocacy Toolbox
www.cthealthpolicy.org/toolbox