Class 5: Coverage, Access to Care & the Uninsured
Testimony notes

- Most lost points for ignoring your opponents’ position/arguments – 25% of total grade
- Don’t ask questions, make statements
  - Would you put free will above the public’s health?
- Use Word or Pages if possible, I can give revisions in the document
- I didn’t make every grammar change, just representative ones – you should to get a better grade on the final version
- More statistics and data would have helped most
- Areas to expand – impact on club workers, taxes, health spending and costs, economic impact, trash, pollution, fire hazards
Testimony notes

• Spell out acronyms the first time you use them, then can use them alone after that
  – Centers for Disease Control and Prevention (CDC)

• Do not use “you” in testimony
  – “When you smoke around children, you expose them to harmful chemicals.”
  – You don’t really mean to suggest that Sen. Gerratana is smoking in private clubs around children

• Be specific about who you represent
  – i.e. Which local health department?
CT coverage, 2016

- Employer-sponsored, 60%
- Uninsured, 5%
- Medicaid, 21%
- Medicare, 17%
- Direct purchase, 13%

Source: 2017 US Census
CT, US coverage, 2016

Source: 2017 US Census
Uninsured trend

Source: 2017 US Census
Medicaid trend

Source: 2017 US Census
Remote trend
impact of recession vs. ACA

Source: 2017 US Census
Health insurance coverage 2017

Source: Kaiser Family Foundation
ACA impact on uninsured

• US rate dropped from 14.5% (2013) to 8.6% in 2016
• CT rate 9.4% in 2013 to 4.9% in 2016
  – 333,000 to 172,000
• 161,000 more CT residents had coverage in 2016 than before the ACA
• CT expanded Medicaid and created our own state insurance exchange
  – AccessHealthCT

Source: US Census
Source: 2015 US Census
CT ACA impact

Change in CT coverage, 2013 to 2015

Source: 2015 US Census
Uninsured Young Adults Most Likely to Have Cost-Related Access Problems and Medical Bill or Debt Problems in the Past Year

Percent of adults ages 19–29 reporting cost-related access problems or medical bill or debt problems:

- Total
- Insured all year
- Insured now, uninsured during the year
- Uninsured now

<table>
<thead>
<tr>
<th></th>
<th>Total</th>
<th>Insured all year</th>
<th>Insured now, uninsured during the year</th>
<th>Uninsured now</th>
</tr>
</thead>
<tbody>
<tr>
<td>Any of five access problems</td>
<td>53</td>
<td>20</td>
<td>68</td>
<td>27</td>
</tr>
<tr>
<td>Any medical bill problem or outstanding debt</td>
<td>42</td>
<td>27</td>
<td>63</td>
<td>59</td>
</tr>
</tbody>
</table>

Notes: Access problems include not filling a prescription; skipping a medical test, treatment, or follow-up; having a medical problem but not seeing a doctor or going to a clinic; not seeing a specialist when needed; and delaying or not getting needed dental care. Medical debt or bill problems include not being able to pay medical bills; being contacted by a collection agency; changing way of life to pay medical bills; and medical bills/debt being paid off over time.

How many uninsured in CT?

- 172,000 uninsured residents in CT (2016 Census)
  - Wonks argue over exact number, but it’s big
- One in twenty state residents
- More than the total population of any CT city or town
- Slowly rising in years before the ACA
- Employer sponsored coverage eroding over time, before the ACA
- Medicaid was picking up many new uninsured
- More entered Medicaid during the recession than after the ACA’s implementation on Jan. 1, 2014
The U.S. Census Bureau’s poverty threshold for a family with two adults and one child was $19,055 in 2014. Data may not total 100% due to rounding.

**SOURCE:** Kaiser Family Foundation analysis of the 2015 ASEC Supplement to the CPS.
NOTES: The U.S. Census Bureau’s poverty threshold for a family with two adults and one child was $19,055 in 2014. Data may not total 100% due to rounding.
SOURCE: Kaiser Family Foundation analysis of the 2015 ASEC Supplement to the CPS.
Most Wrongly Believe Uninsured Population Dominated by Unemployed

I’d like to ask you to think about uninsured Americans – that is, people with no health insurance at all. Would you say that more of them are...

NOTE: July 2000 based on registered voters.
SOURCE: Kaiser Family Foundation surveys; Sept. 1999 survey by Families USA/Health Insurance Association of America.
Who is uninsured in CT?

Source: 2015 US Census, SHADAC
Who is uninsured in CT?

Source: 2015 US Census, SHADAC
Who is uninsured in CT?

Source: 2015 US Census, SHADAC
Where do they live?

Source: 2015 US Census, SHADAC
Why are people uninsured?

- Myth: Uninsured people don’t buy insurance because they believe they don’t need it.
- Truth: Most are uninsured because they can’t afford it or they are not eligible for coverage at work. Only 7% of the uninsured report that the main reason they are uninsured is because they don’t think they need it.

Source: Kaiser Commission
Increase in National Unemployment Rate Increase since 2008 (from 7.2% in Dec-08 to 10.0% in Nov-09) = Decrease in Employer Sponsored Insurance (million) & Medicaid/CHIP Enrollment Increase (million) + Uninsured Increase (million)

2.8% = 2.8 & 3.0

Note: Totals may not sum due to rounding and other coverage.
Source: Based on John Holahan and Bowen Garrett, Rising Unemployment, Medicaid, and the Uninsured, prepared for the Kaiser Commission on Medicaid and the Uninsured, January 2009.
The average uninsured CT resident

- Age 19 to 24
- Employed
- Family income $12,000 to $45,000
- Tend to be young adults
- Has been uninsured over a year
- Nine in ten do not have a college degree
- 4 times more likely to be in poor health
The average uninsured CT resident

- Most employed at small firms, – 95% of CT firms have <50 employees
- most likely service sector – the 10 industries expected to generate the most jobs by 2014 are in the service sector
- For 6 in 10 – employer doesn’t offer benefits
- Another 14% are not eligible – not there long enough, part time, and/or temporary worker
- 62% of all bankruptcies are due to high medical bills and that proportion is rising
Why does it matter?

• Myth: Uninsured people can get free health care.

• Truth: The uninsured often pay the highest prices for their care. They pay the full retail price, not the 40 to 50% discounts available to HMOs and government payers.

Source: Kaiser Commission
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 go without important screenings and preventive care
  – 12% of hospital stays for the uninsured could have been avoided with early treatment
• The uninsured are less likely to access on-going care to manage chronic disease
• The uninsured receive fewer medical services and are 25% more likely to die prematurely.
It’s not healthy to be uninsured

- Uninsured car accident victims are 37% more likely to die of their injuries than victims with insurance, receiving 20% less care including fewer X-rays, drugs and shorter hospital stays.

- In 2008, there were 12,134 hospitalizations of uninsured patients in Connecticut. Charges for those hospitalizations were over $239 million.

- Between 2006 and 2008, the number of emergency room visits for uninsured patients in Connecticut rose by 3,939.

- Before the ACA, every week 3 people in CT died because they lacked health insurance.
Diagnosis of Late-Stage Cancer Uninsured vs. Privately Insured

Ratio of probability of diagnosis of late vs. early stage cancer, Uninsured/private insurance

- Colorectal Cancer: 2.0
- Lung Cancer: 2.2
- Melanoma: 2.3
- Breast Cancer: 2.9

Equal likelihood between Uninsured and Insured

NOTE: Odds ratios were adjusted for age, sex, race/ethnicity, facility type, region, and income and education on basis of postal code. They represent the odds of being diagnosed with stage III or stage IV cancer vs. stage I cancer. Analysis based on cases occurring between 1998-2004.

Financial Consequences of Medical Bills by Insurance Status, 2009

Percent of adults (age 18-64) reporting in past 12 months:

- **Contacted by Collection Agency about Medical Bills**
  - Insured: 9%
  - Uninsured: 22%

- **Unable to Pay for Basic Necessities Due to Medical Bills**
  - Insured: 5%
  - Uninsured: 14%

- **Used up All or Most of Savings**
  - Insured: 10%
  - Uninsured: 20%

NOTE: All differences between insured and uninsured are statistically significant (p<0.05).
Access to Care by Health Insurance Status, 2011

NOTES: In past 12 months. Respondents who said usual source of care was the emergency room were included among those not having a usual source of care. All differences between the uninsured and the two insurance groups are statistically significant (p<0.05).

SOURCE: KCMU analysis of 2011 NHIS data.
Access to care in CT

• 11% of CT adults went without care due to cost
• 11% of CT at-risk adults with have not had a routine doctor visit in the past 2 years
• 11% of CT adults have not had a dental visit in the past year
• 43,500 Medicare hospital admissions in CT could have been avoided with adequate primary care

Source: Commonwealth Fund State Scorecards 2015, 2014
## Access to care in CT

<table>
<thead>
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Source: Commonwealth Fund State Scorecard 2014
Cost as a barrier to care

CT adults who needed to see a doctor but could not due to cost in the last year

<table>
<thead>
<tr>
<th>Category</th>
<th>Uninsured</th>
<th>Insured</th>
<th>White</th>
<th>Black</th>
<th>Hispanic</th>
</tr>
</thead>
<tbody>
<tr>
<td>&lt;200% FPL</td>
<td>22%</td>
<td>6%</td>
<td>6%</td>
<td>35%</td>
<td>7%</td>
</tr>
<tr>
<td>&gt; 200%</td>
<td>6%</td>
<td></td>
<td></td>
<td>15%</td>
<td>21%</td>
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Source: Commonwealth Fund 2009 State Scorecard