

Class 5: Coverage, Access to Care & the Uninsured

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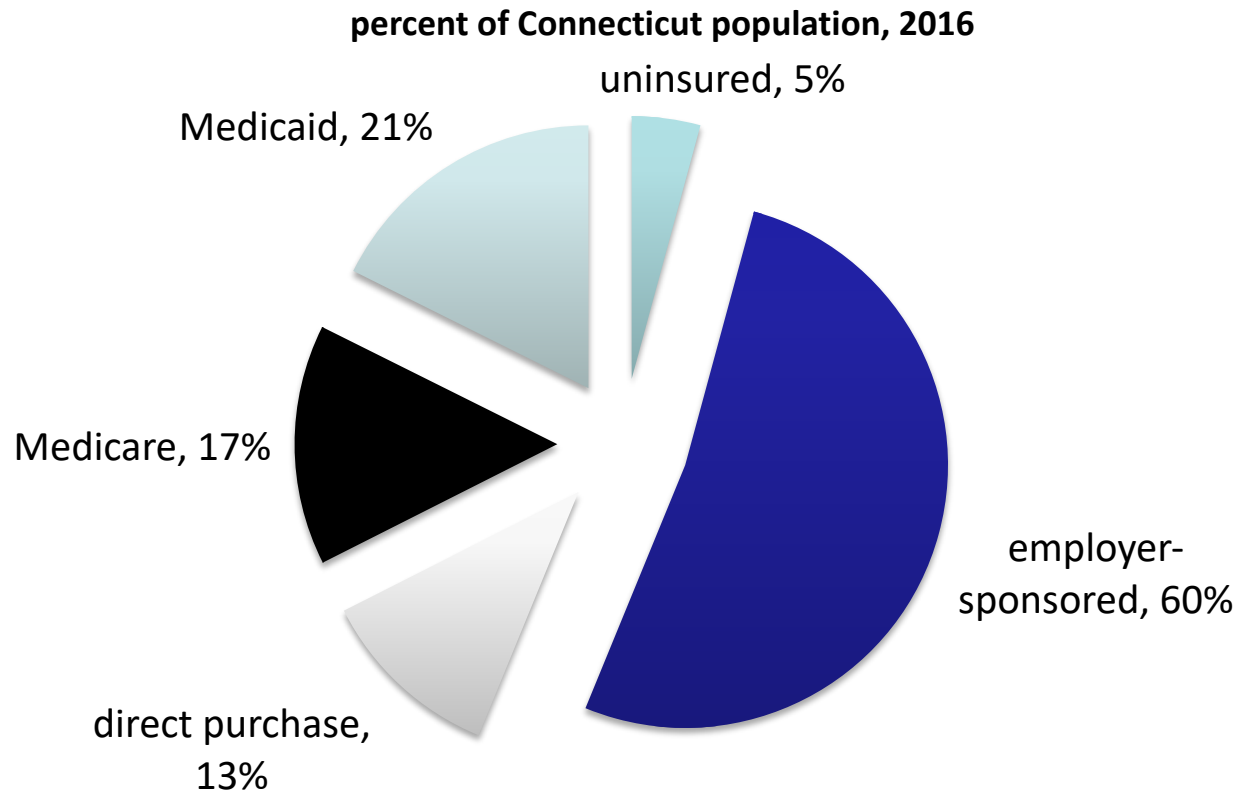
Testimony notes

- 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

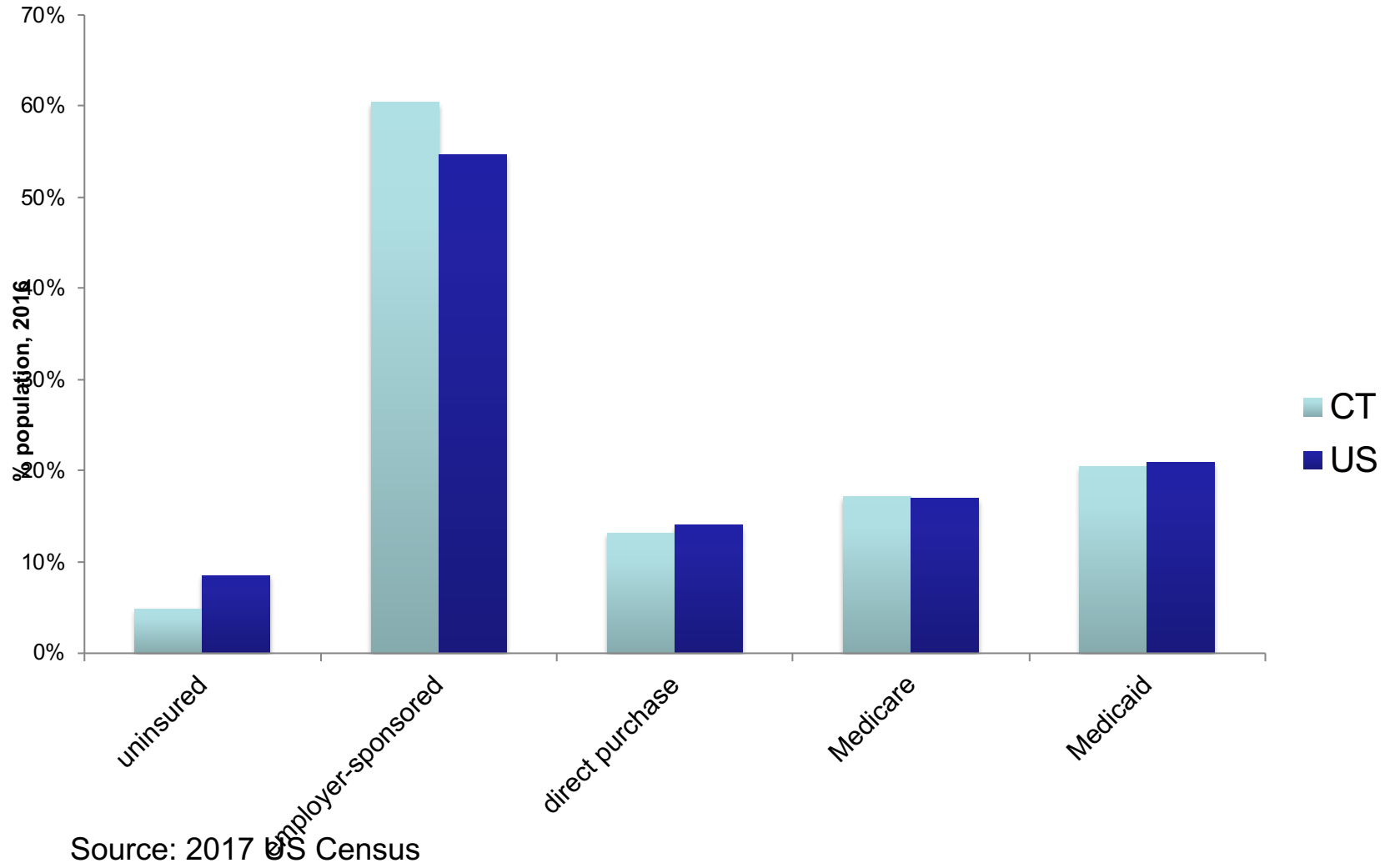
- Spell out acronyms the first time you use them, then can use them alone after that
 - Centers for Disease Control and Prevention (CDC)
- Do not use “you” in testimony
 - “When you smoke around children, you expose them to harmful chemicals.”
 - You don’t really mean to suggest that Sen. Gerratana is smoking in private clubs around children
- Be specific about who you represent
 - i.e. Which local health department?

CT coverage, 2016

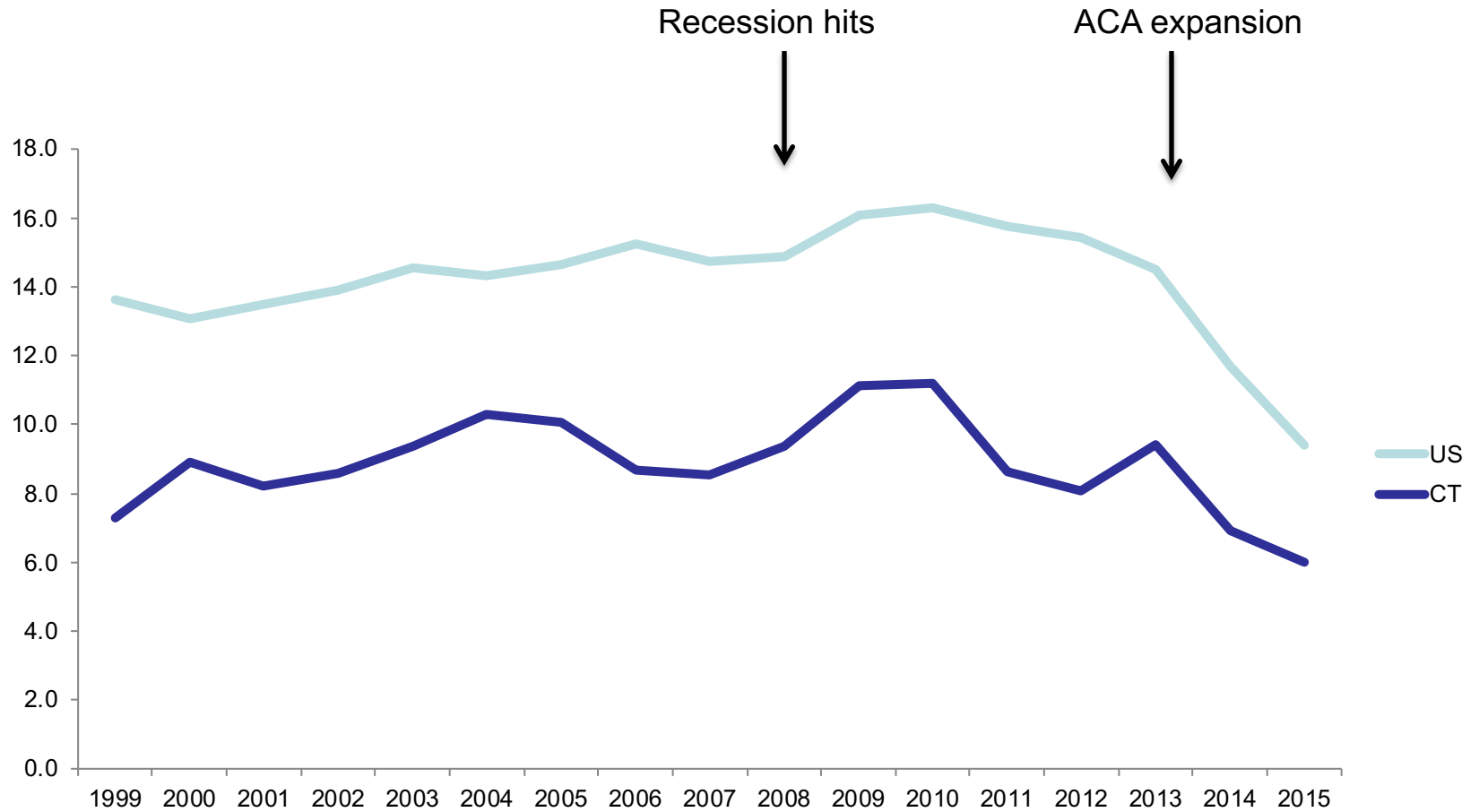


Source: 2017 US Census

CT, US coverage, 2016

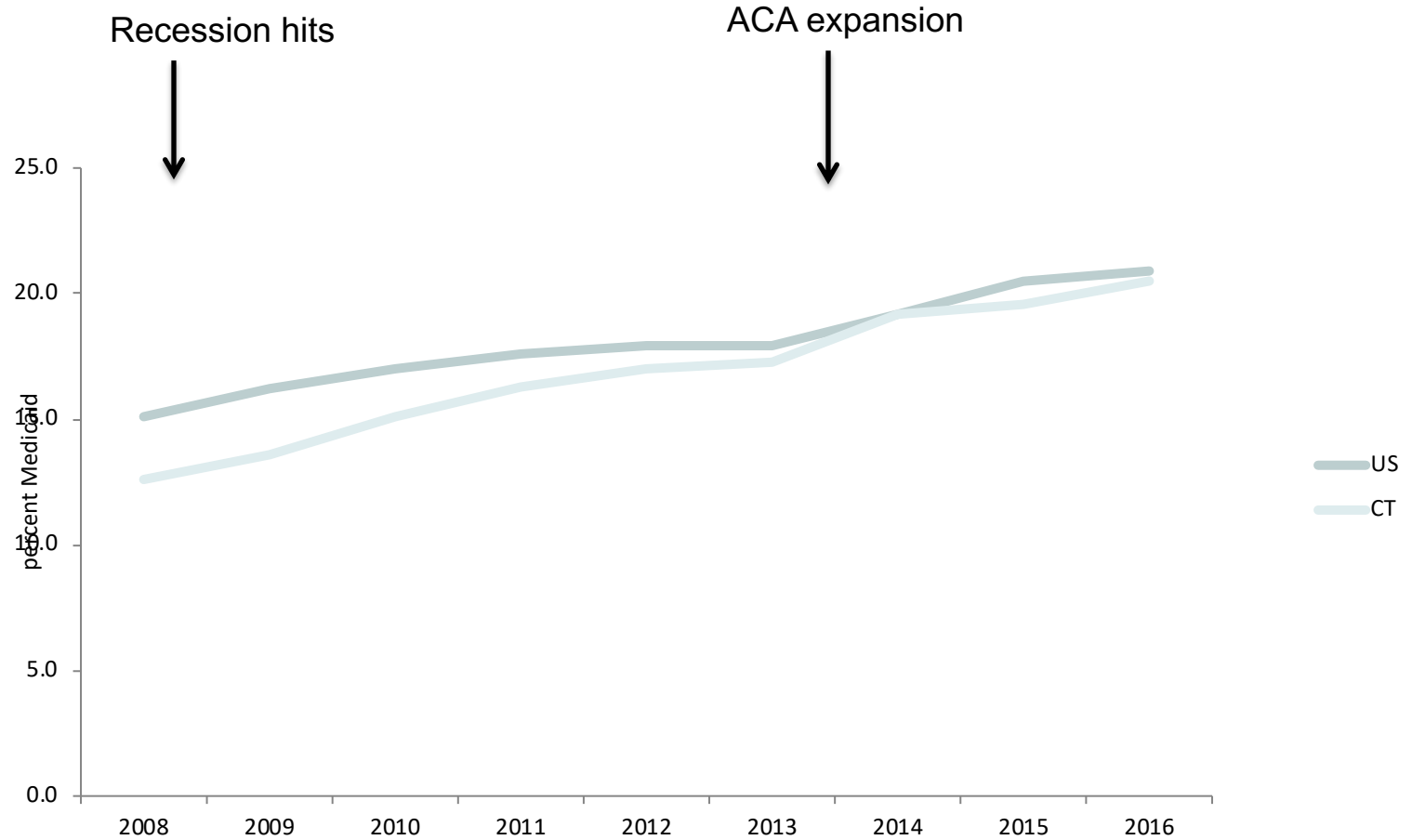


Uninsured trend



Source: 2017 US Census

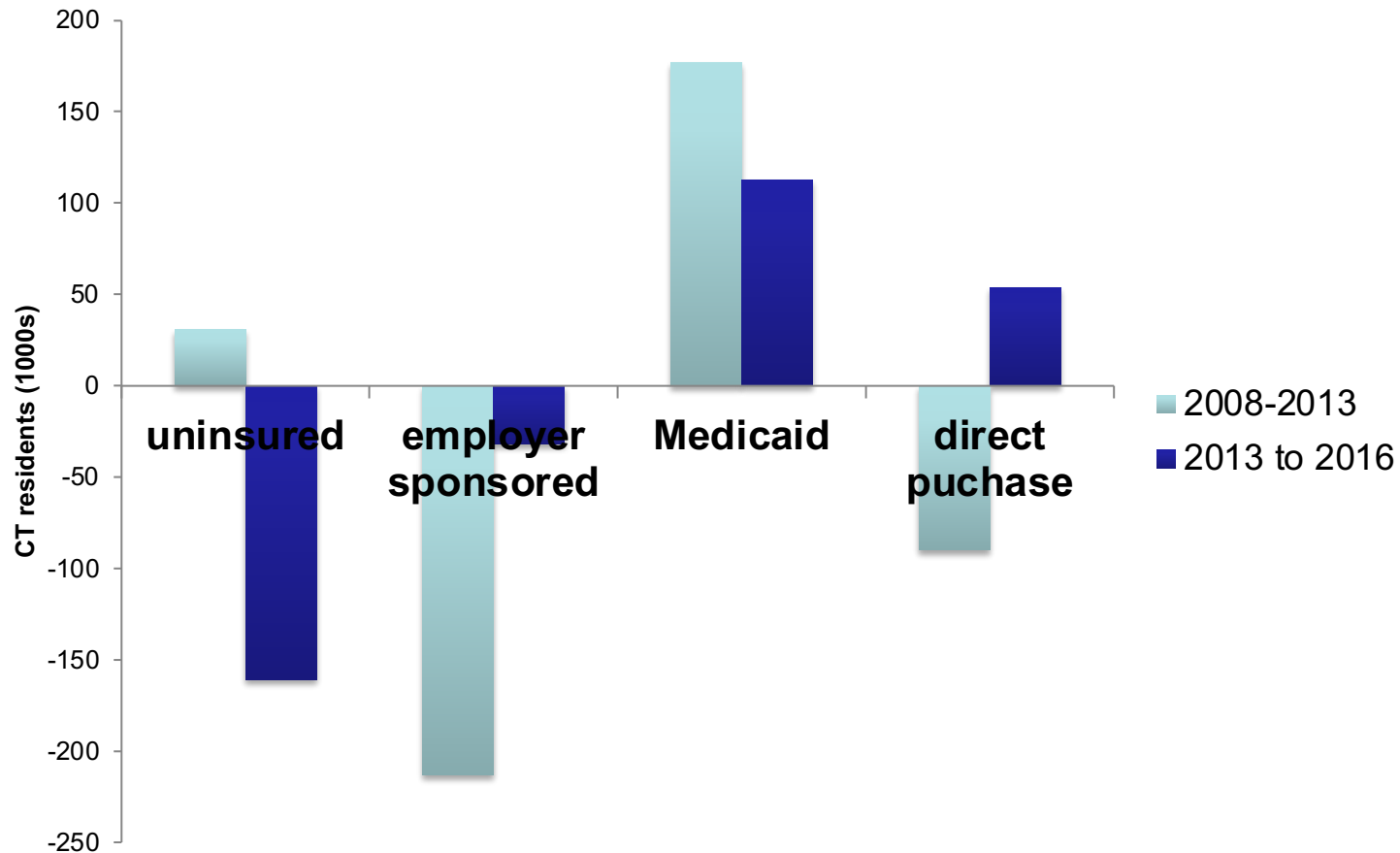
Medicaid trend



Source: 2017 US Census

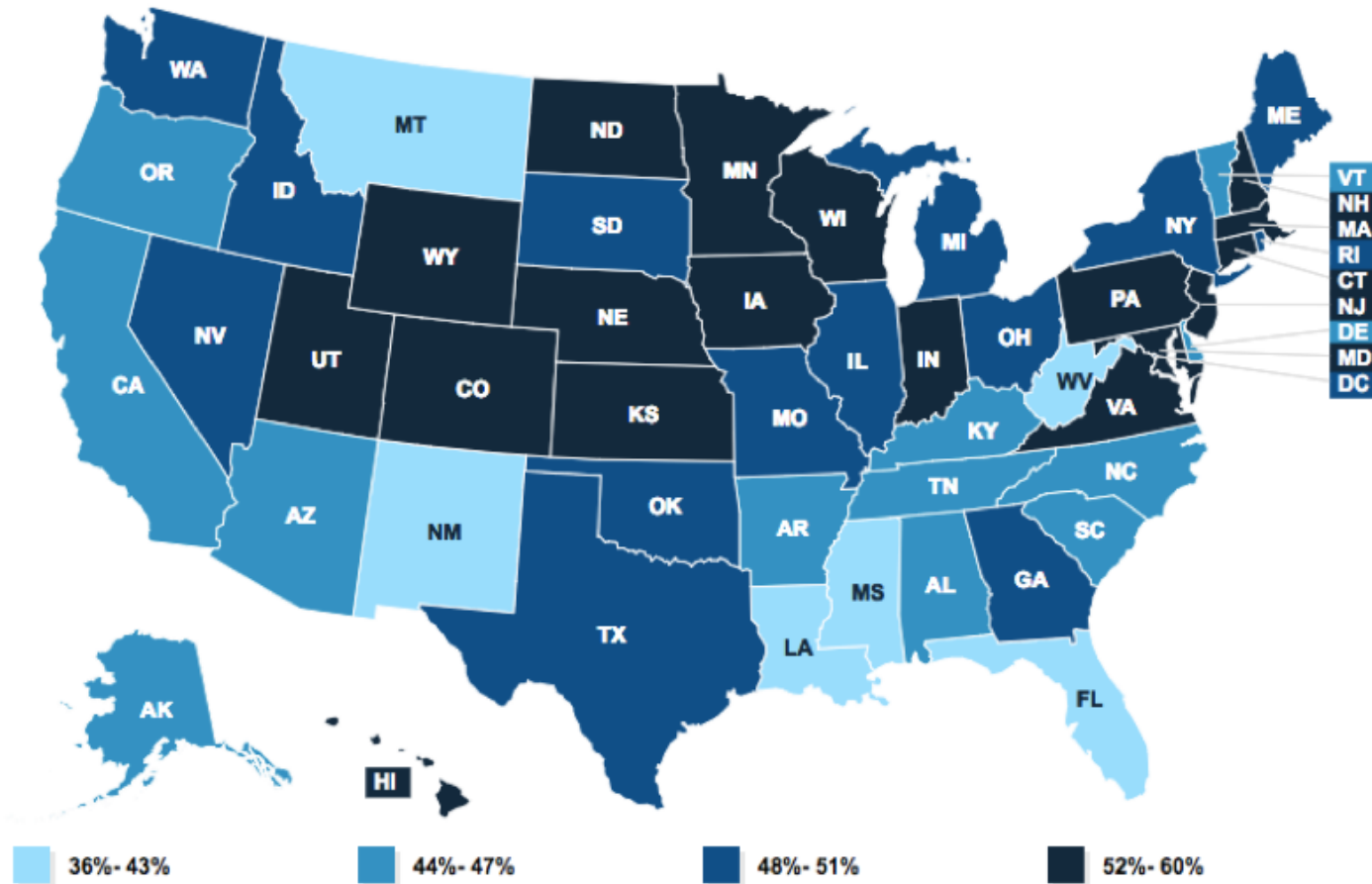
Relative trend

impact of recession vs. ACA



Source: 2017 US Census

Health insurance coverage 2017

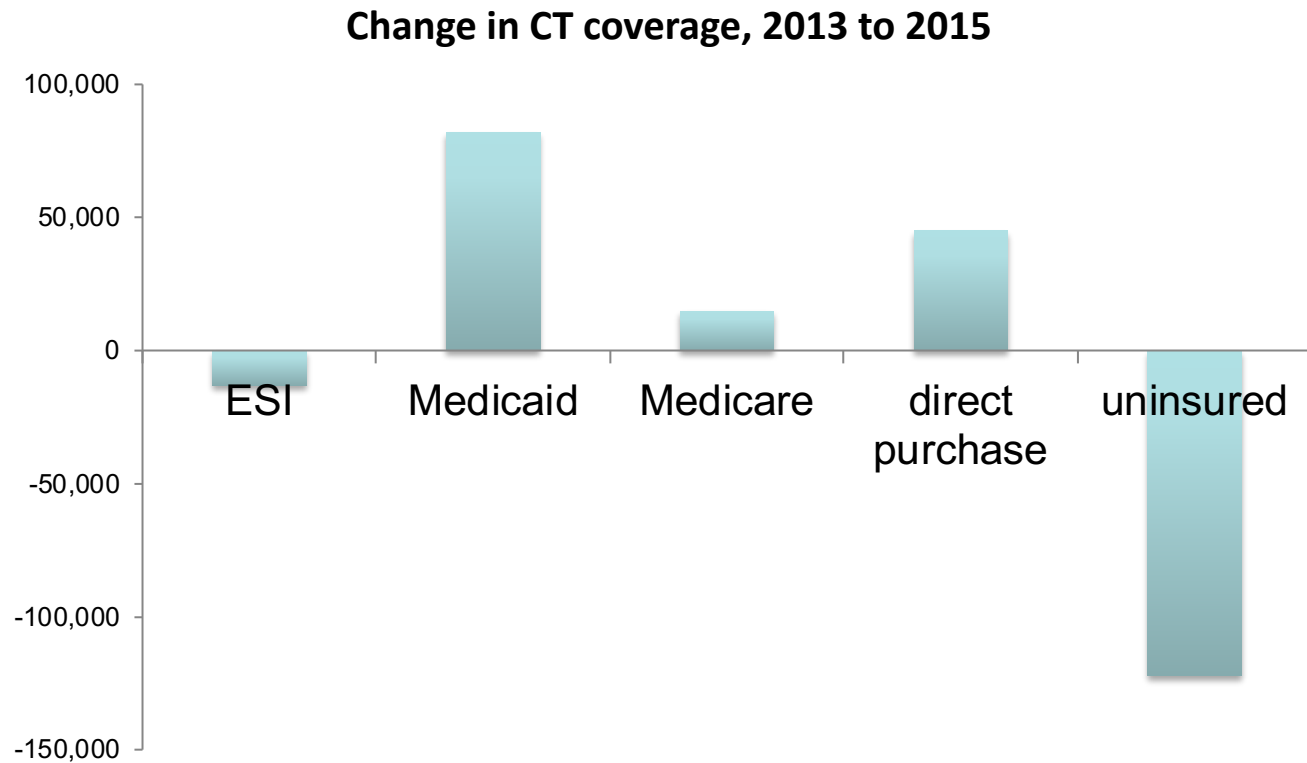


Source: Kaiser Family Foundation

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

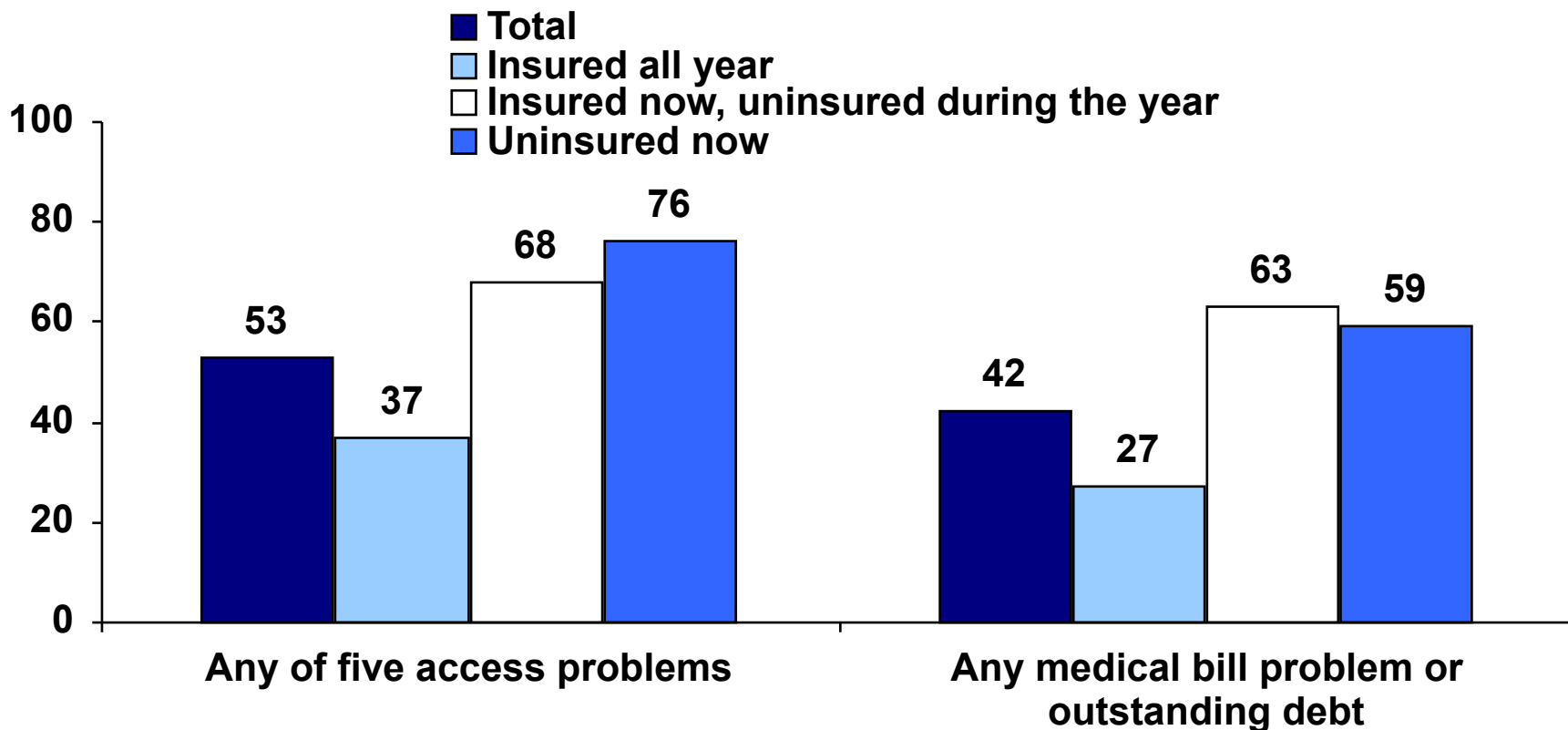
CT ACA impact



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:



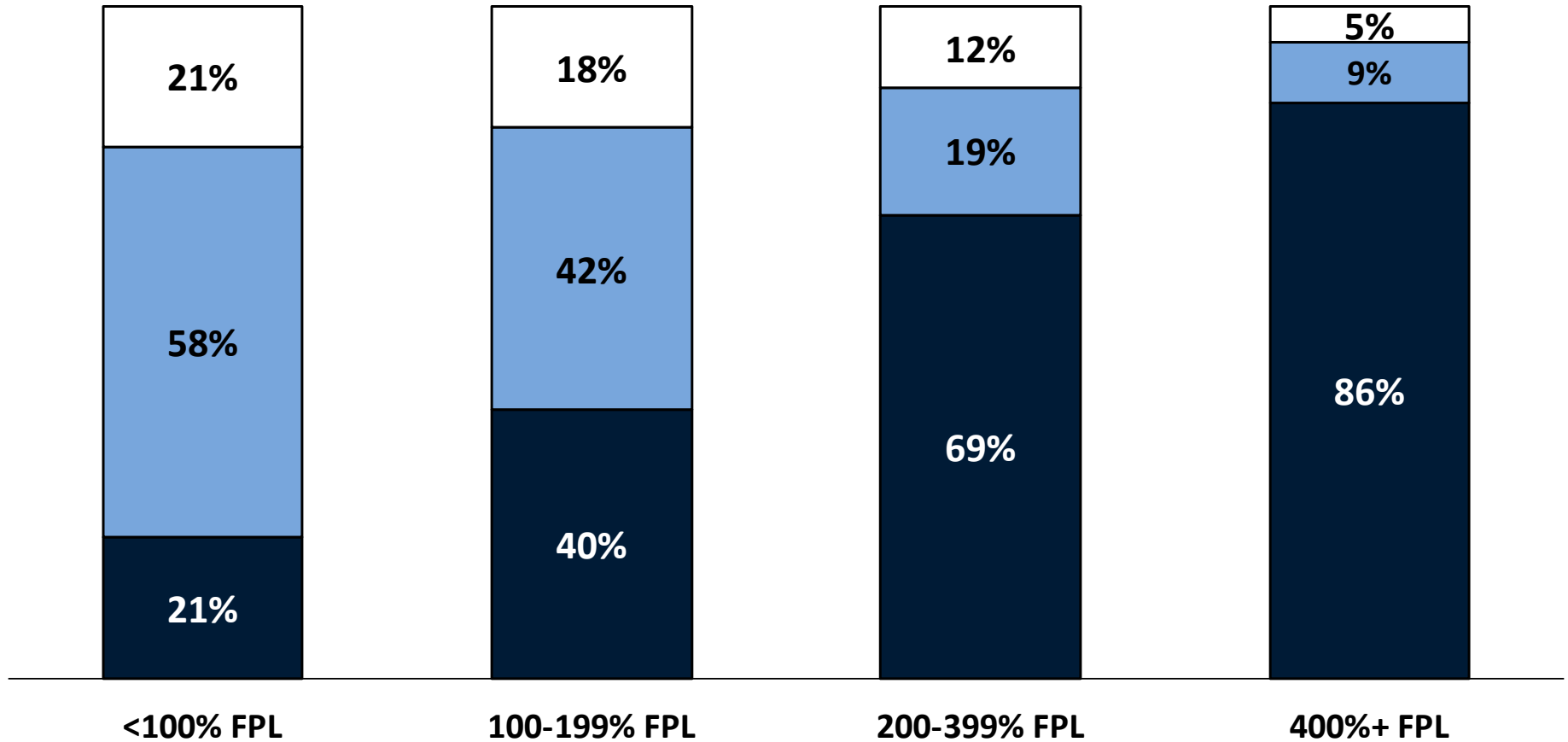
Notes: Access problems include not filling a prescription; skipping a medical test, treatment, or follow-up; having a medical problem but not seeing a doctor or going to a clinic; not seeing a specialist when needed; and delaying or not getting needed dental care. Medical debt or bill problems include 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. Source: S. R. Collins and J. L. Nicholson, *Rite of Passage: Young Adults and the Affordable Care Act of 2010* (New York: The Commonwealth Fund, May 2010).

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

Health Insurance Coverage of the Nonelderly by Poverty Level, 2014

■ Employer/Other Private ■ Medicaid/Other Public □ Uninsured

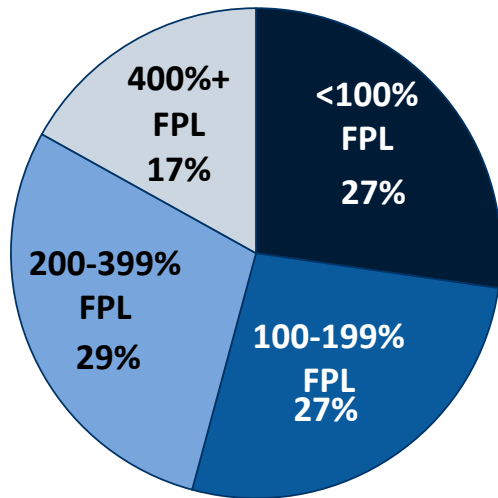


FPL -- The U.S. Census Bureau's poverty threshold for a family with two adults and one child was \$19,055 in 2014. Data may not total 100% due to rounding.

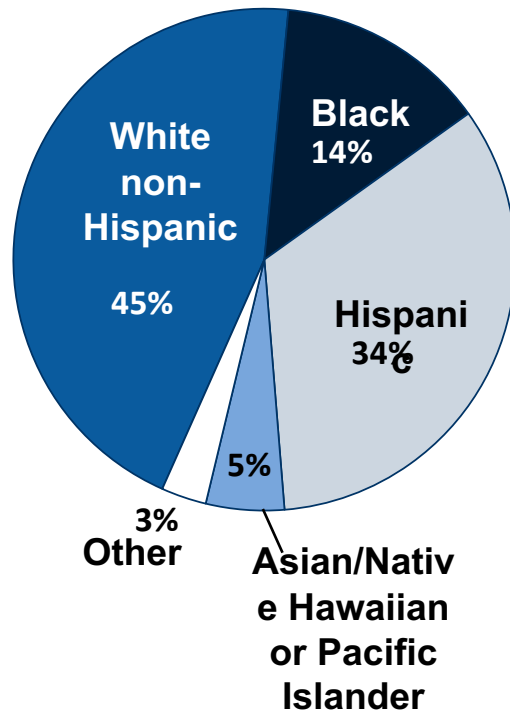
SOURCE: Kaiser Family Foundation analysis of the 2015 ASEC Supplement to the CPS.

Characteristics of the Nonelderly Uninsured, 2014

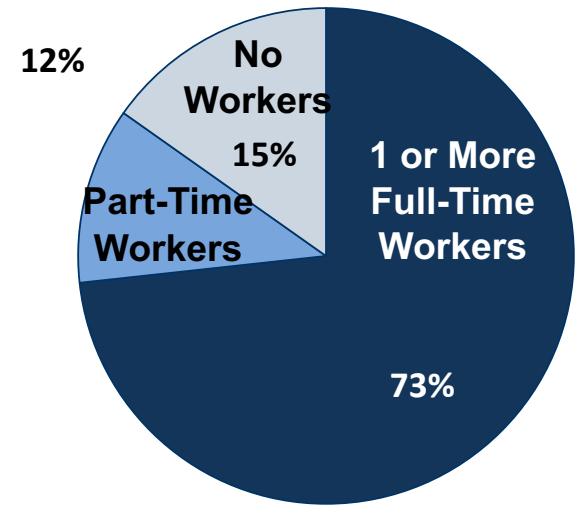
Family Income (% FPL)



Race



Family Work Status



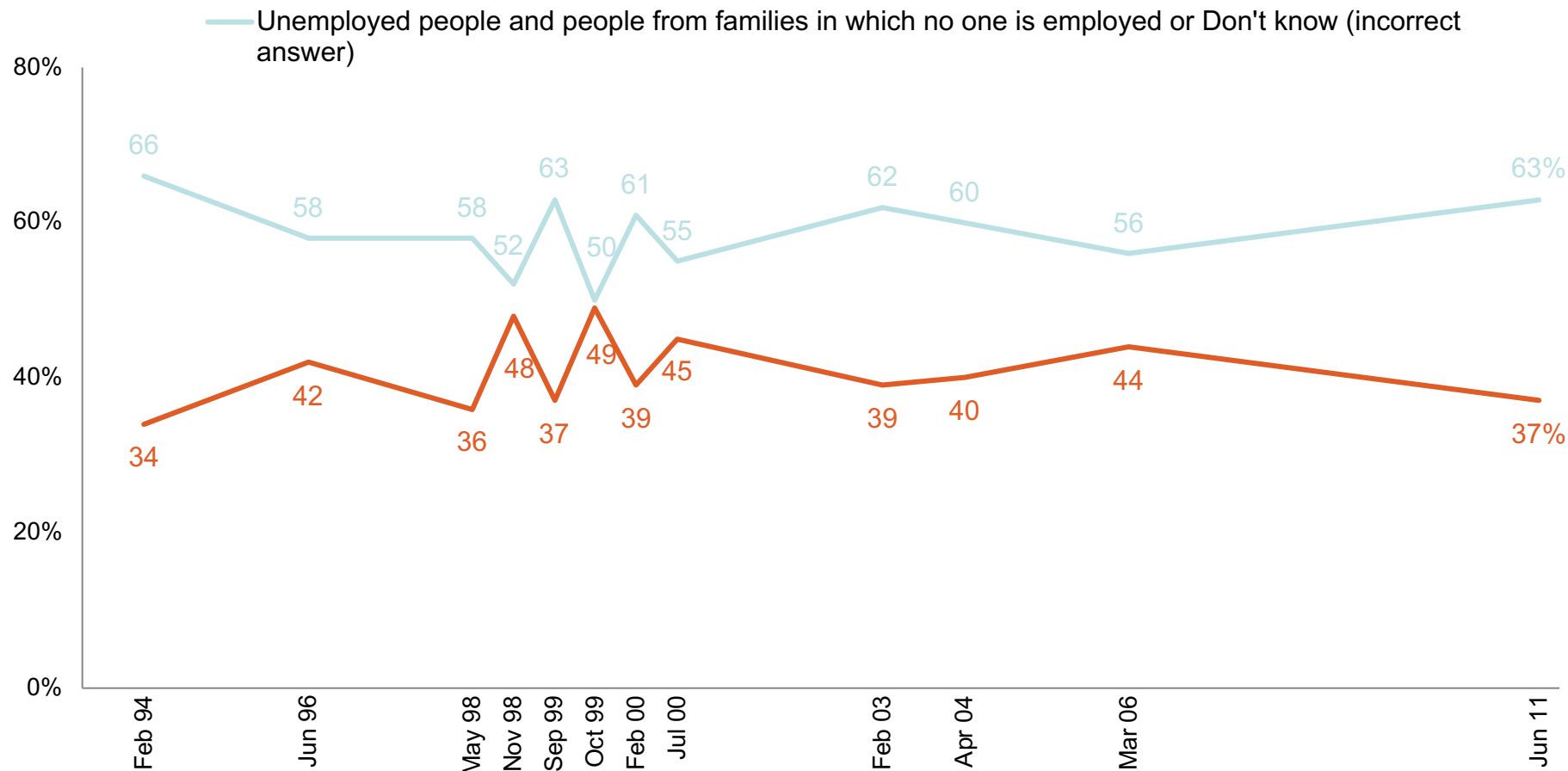
Total = 32.3 Million Uninsured

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

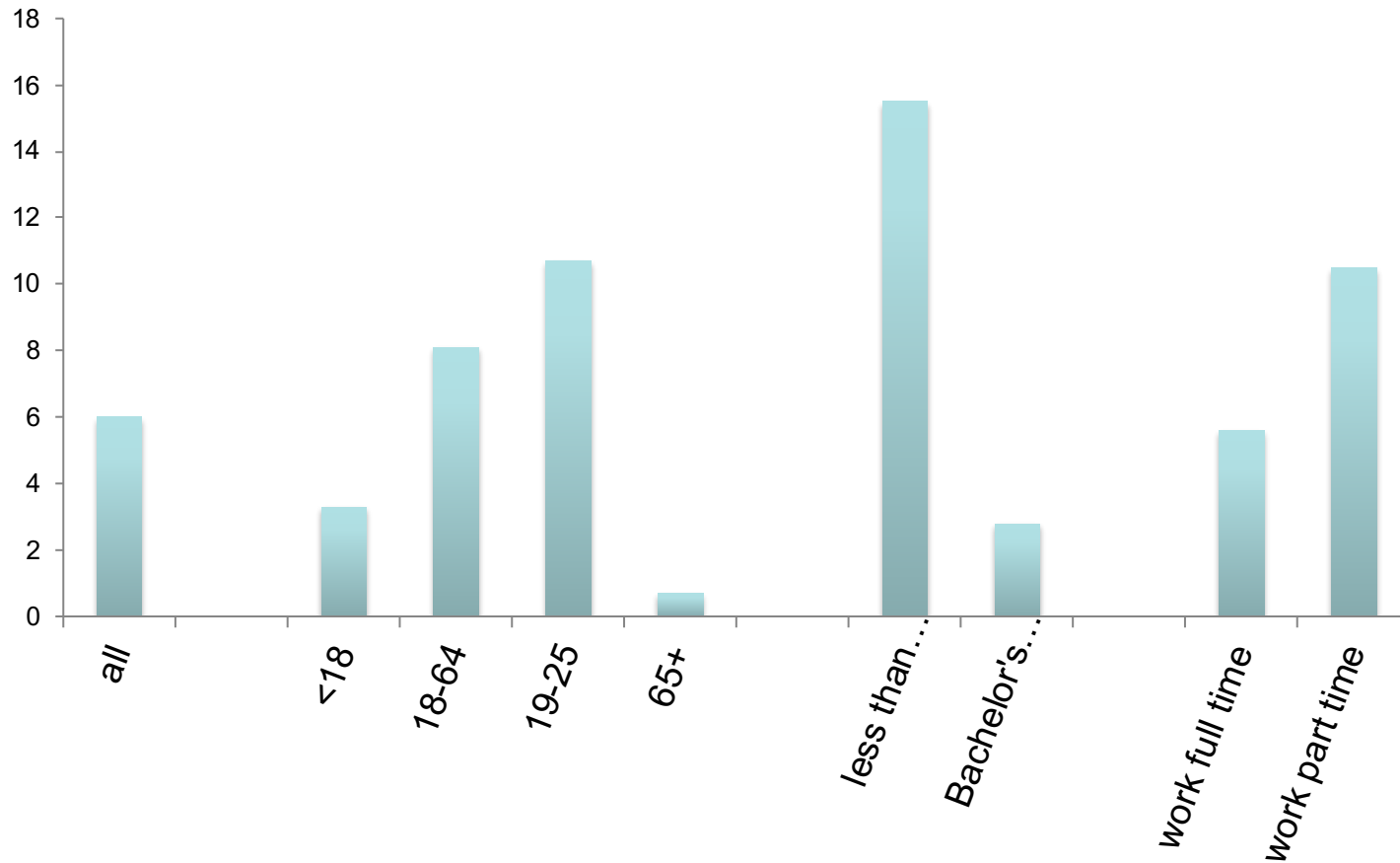
I'd like to ask you to think about uninsured Americans – that is, people with no health insurance at all. Would you say that more of them are...



NOTE: July 2000 based on registered voters.

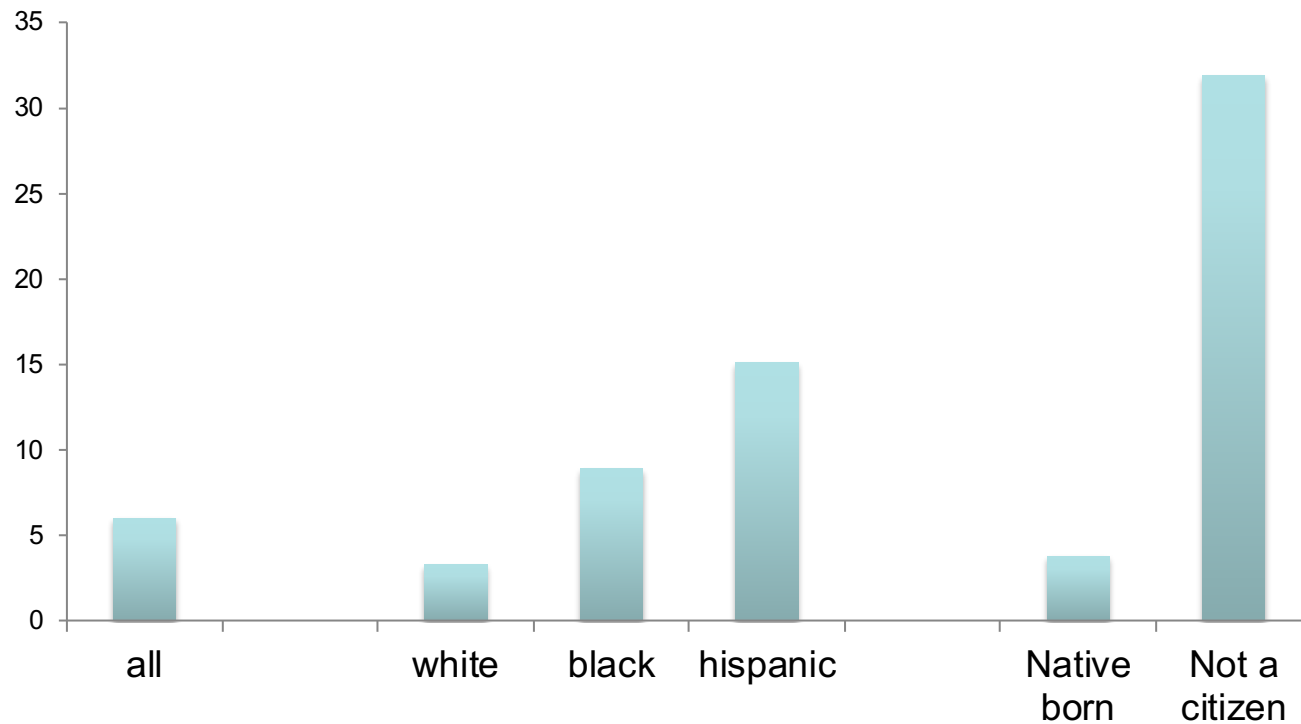
SOURCE: Kaiser Family Foundation surveys; Sept. 1999 survey by Families USA/Health Insurance Association of America.

Who is uninsured in CT?



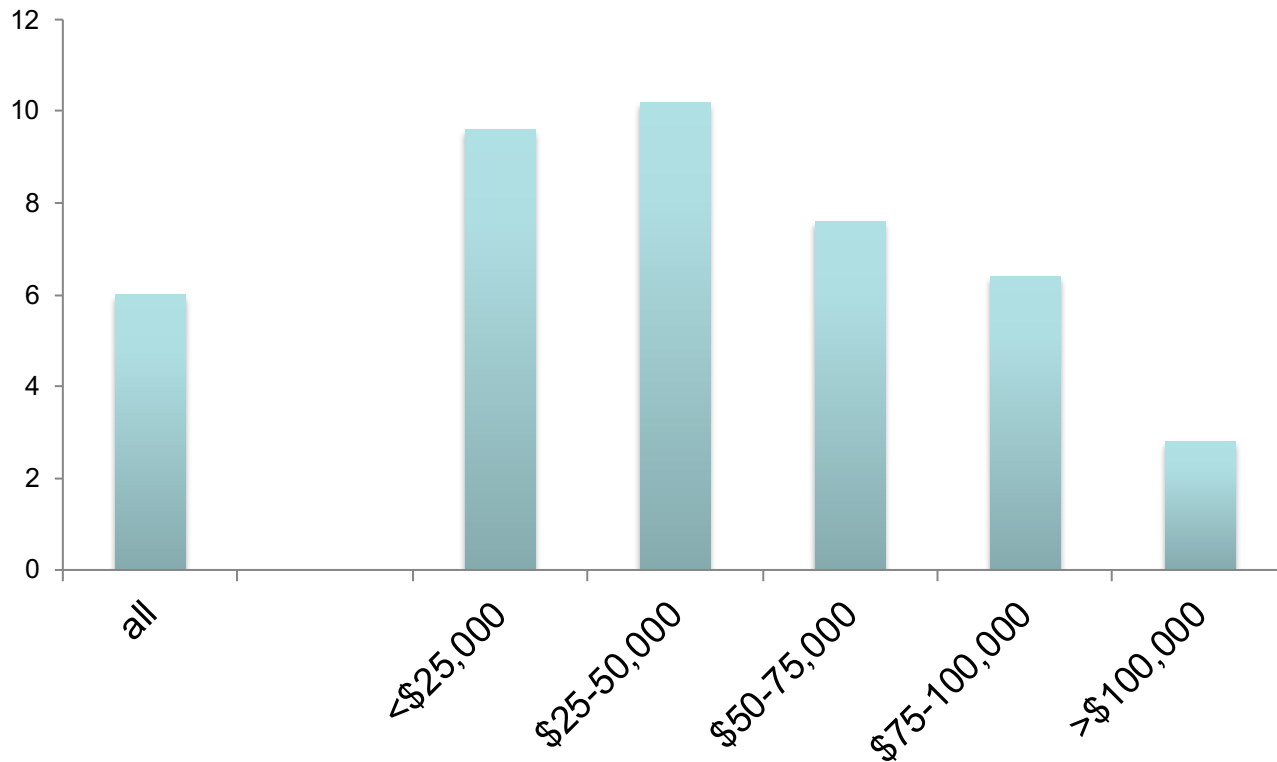
Source: 2015 US Census, SHADAC

Who is uninsured in CT?



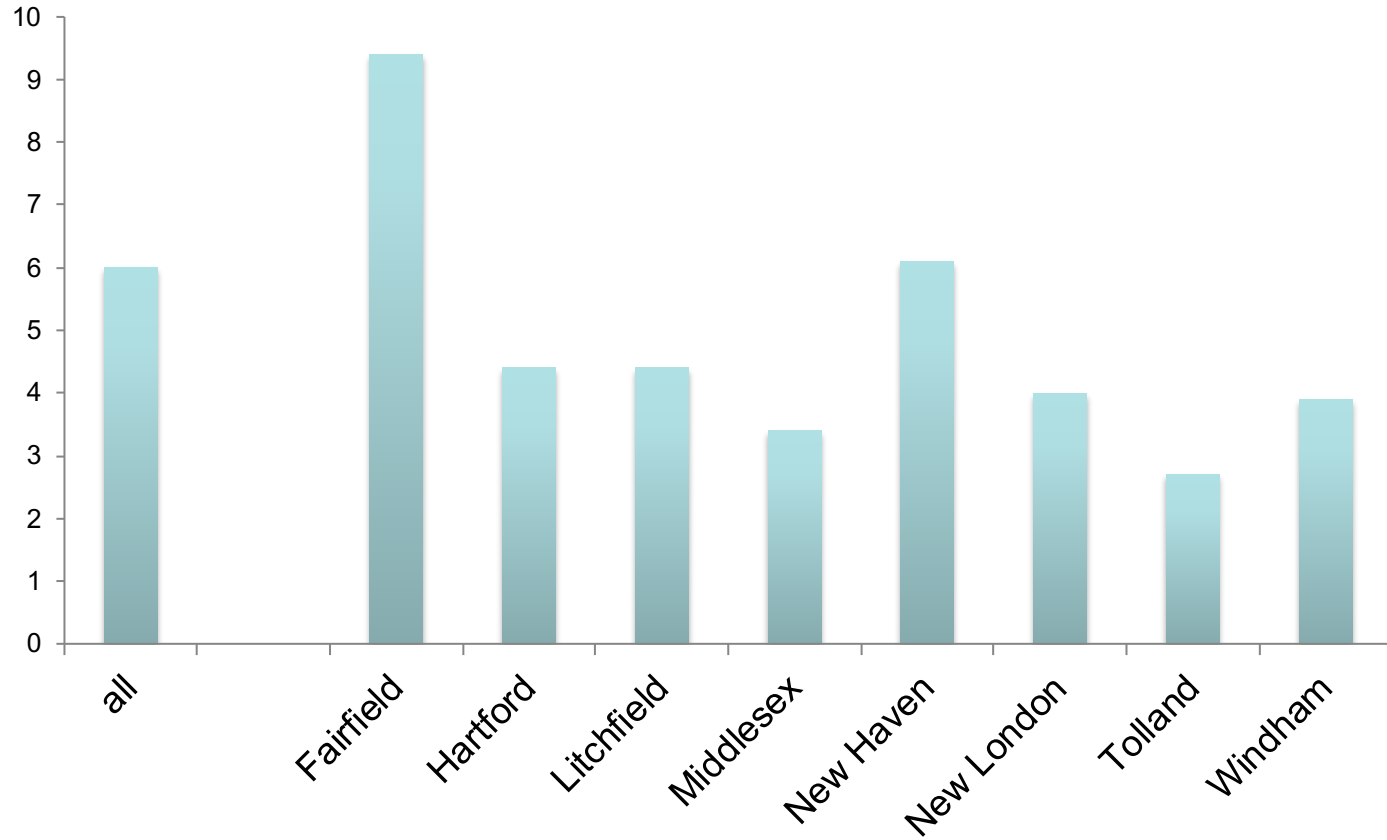
Source: 2015 US Census, SHADAC

Who is uninsured in CT?



Source: 2015 US Census, SHADAC

Where do they live?

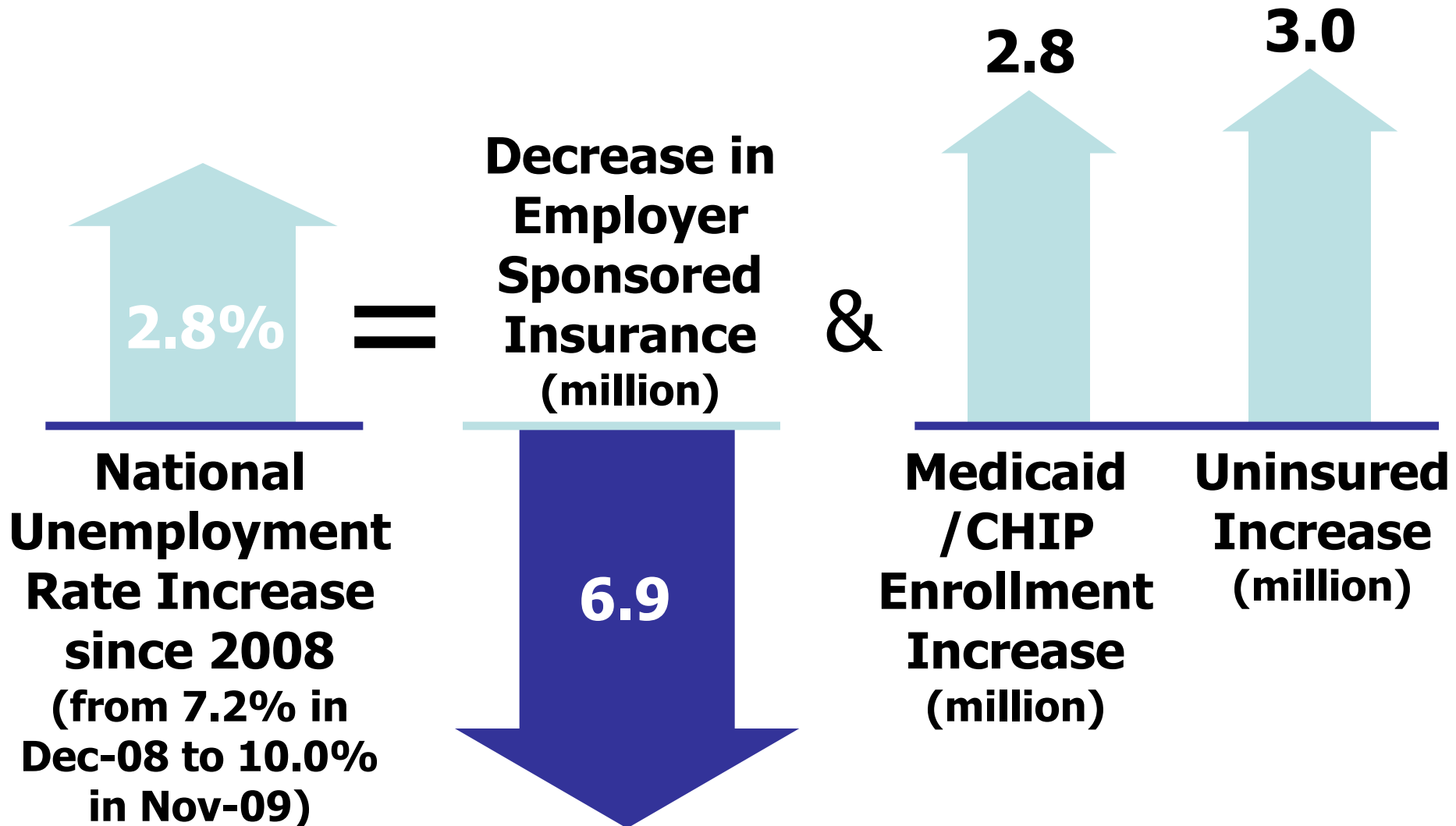


Source: 2015 US Census, SHADAC

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.

Impact of the Rise in Unemployment on Health Coverage, 2008 to 2009



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.

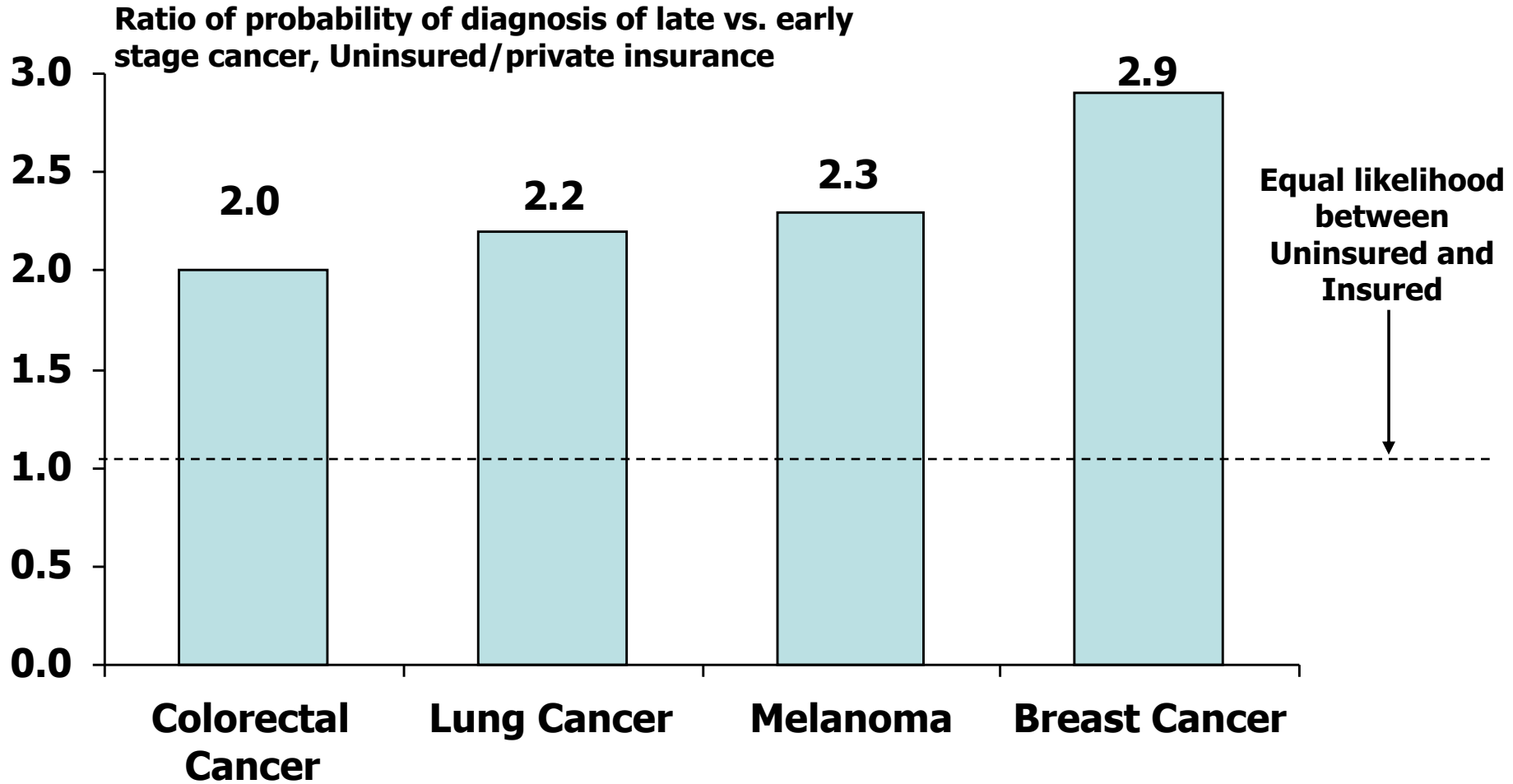
It's not healthy to be uninsured

- 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

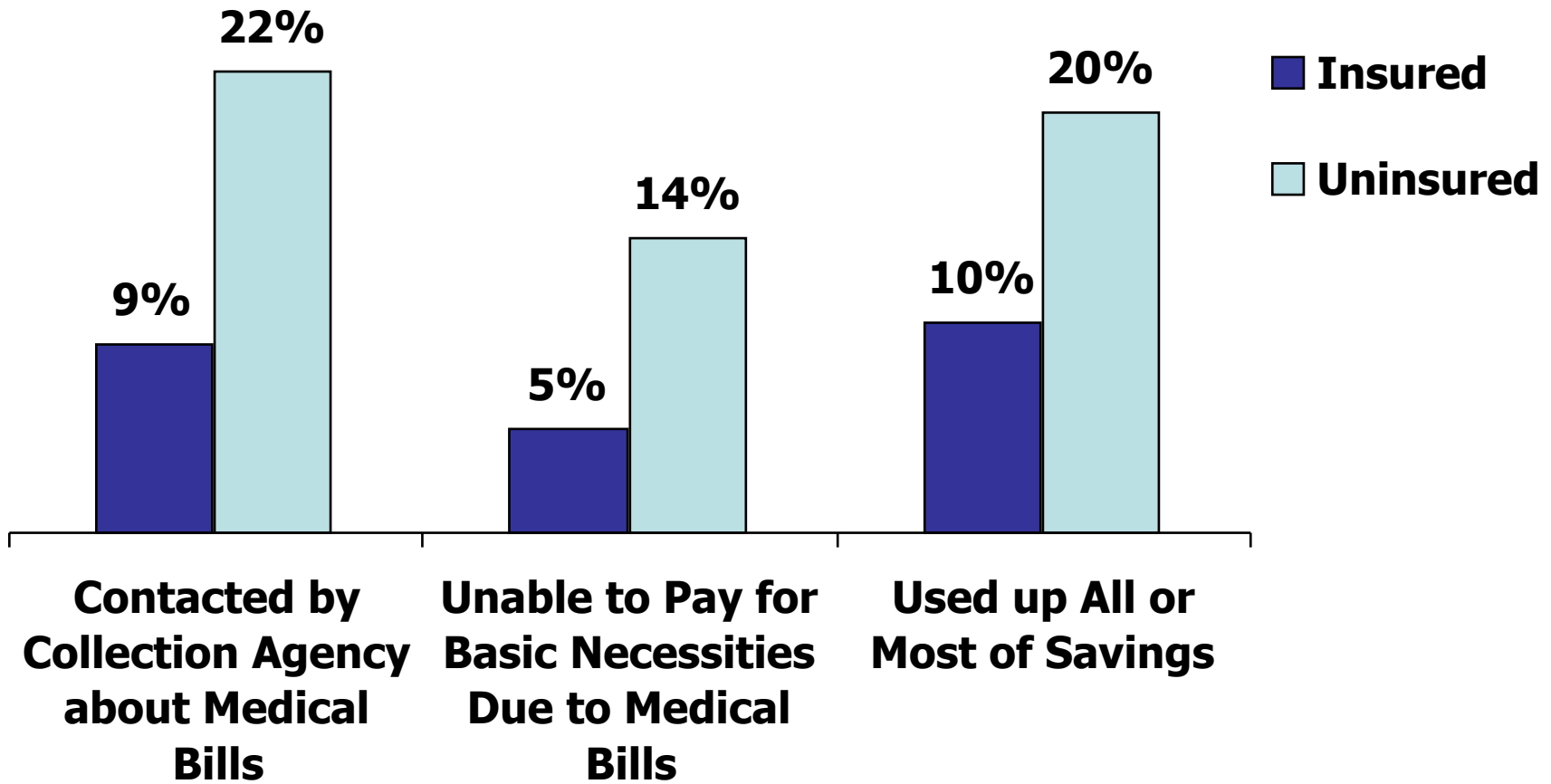


NOTE: Odds ratios were adjusted for age, sex, race/ethnicity, facility type, region, and income and education on basis of postal code. They represent the odds of being diagnosed with stage III or state IV cancer vs. stage I cancer. Analysis based on cases occurring between 1998-2004.

SOURCE: Kaiser Family Foundation, based on Halpern MT et al, Association of insurance status and ethnicity with cancer stage at diagnosis for 12 cancer sites: a retrospective analysis." *The Lancet Oncology*. March 2008.

Financial Consequences of Medical Bills by Insurance Status, 2009

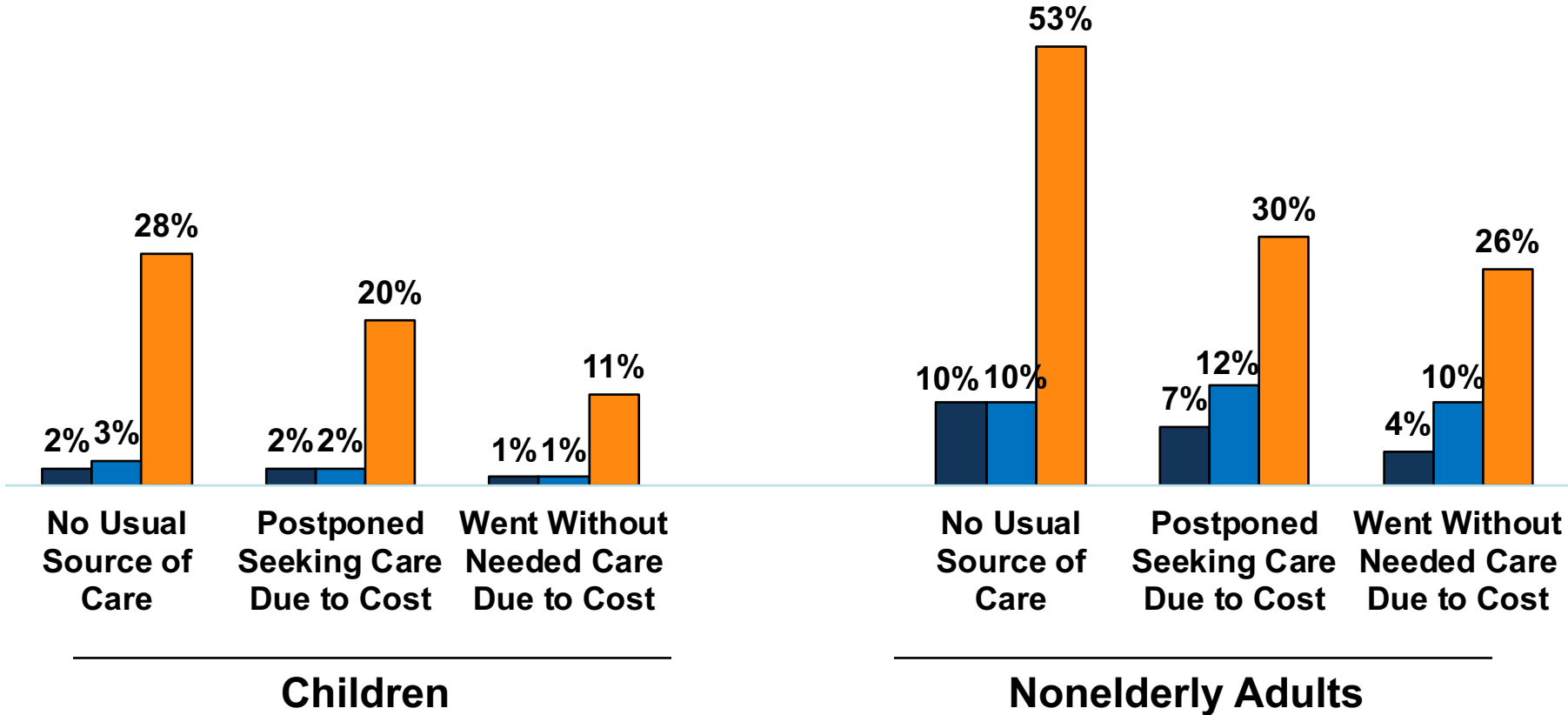
Percent of adults (age 18-64) reporting in past 12 months:



NOTE: All differences between insured and uninsured are statistically significant ($p < 0.05$).
SOURCE: Kaiser Family Foundation Health Tracking Poll: August 2009.

Access to Care by Health Insurance Status, 2011

■ Employer/Other Private ■ Medicaid/Other Public ■ Uninsured



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

Access to care in CT

% CT adults who couldn't see a doctor when needed due to cost	
Bridgeport	9.2%
Hartford	9.9
New Haven	9.4
% at-risk CT adults who haven't had a routine doctor visit in the past two years	
Bridgeport	11.9%
Hartford	9.6
New Haven	10.9

Cost as a barrier to care

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

<200% FPL	22%	Insured	6%	White	7%
> 200%	6%	Uninsured	35%	Black	15%
				Hispanic	21%

Source: Commonwealth Fund 2009 State Scorecard