

Reaching the Five Percent: A Profile of Western and Central New Yorkers Without Health Coverage

**Health Foundation for Western & Central NY
Syracuse, NY – August 27, 2019**

Good morning

- Background
- Reaching the Five Percent
- The Numbers
- The Stories
- Findings
- Federal/State Outlook
- Questions and Answers



I. Background

- **ACA.** Affordable Care Act (“Obamacare)
- **NYSOH.** New York State of Health, ACA “Exchange” or “Marketplace” one-stop shopping for health coverage
- **Medicaid.** State/Federal program for low-income (6.4 million)
- **CHP.** Child Health Plus. State/federal program for kids under 19 (409,000)
- **EP.** Essential Plan, NY’s Basic Health Program option from ACA (800,000)
- **QHP.** Qualified Health Plans available to individuals from NYSOH (272,000) and Off-Exchange (72,000)
- **APTCs.** Advance Premium Tax Credits to reduce cost of QHPs
- **EBU.** Eligible but Uninsured, people who qualify for financial help but don’t have coverage
- **ESI.** Employee-Sponsored Insurance, coverage at work (9.6 million)

Income	Family of 1	Family of 4	Eligible Program
< 138% FPL	\$16,753	\$34,638	Medicaid, EP
138-200% FPL	\$24,280	\$50,200	EP and CHP
200-400% FPL	\$48,560	\$100,400	QHP with APTCs and CHP
> 400% FPL	\$48,561	\$100,401	QHPs with no financial help

Reaching the Five Percent

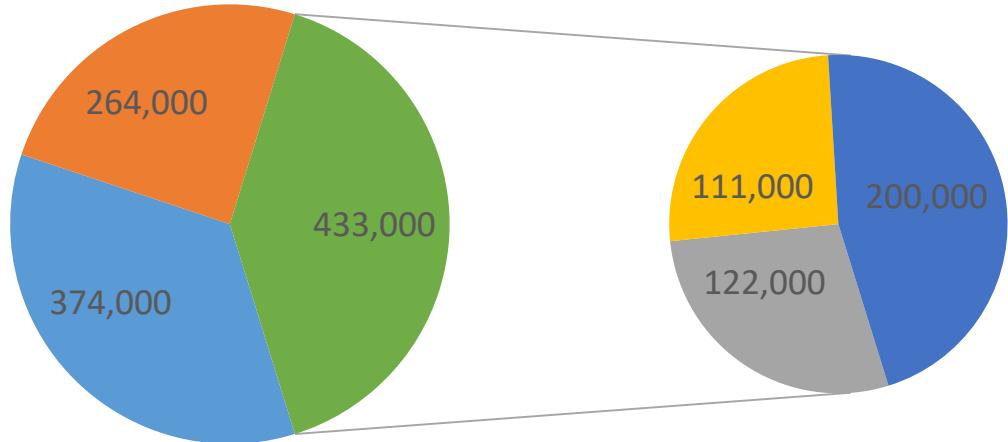
- Health Foundation for Western & Central New York
- Focus on **eligible but uninsured**
- The Numbers: Analysis of 2017 Census data for 16 counties – coverage status, age, income
- The Stories: Discussion groups with 40 individuals in four counties
- Extraordinary progress in NY as a result of the ACA (1 million gained coverage, uninsurance rate halved), but how do you reach the remaining 5 percent without coverage, and who are they?

II. The Numbers

- U.S. Census Bureau data analysis
- 2017 American Community Survey 1 yr. estimates for large counties (pop.> 65,000), and 5 yr. estimates for small counties (pop. <65,000)
- NYS
- Central NY
- Counties
 - Six large (Onondaga) and two small (Cortland)
 - Lots of variation among counties
 - Higher poverty rates didn't always translate to less coverage

New York State Coverage – 1.1 million uninsured

NY Uninsured by Category, 2016



■ Medicaid Eligible
 ■ APTC Eligible
 ■ Subsidy Ineligible
■ ESI Offer
 ■ Citizenship Status

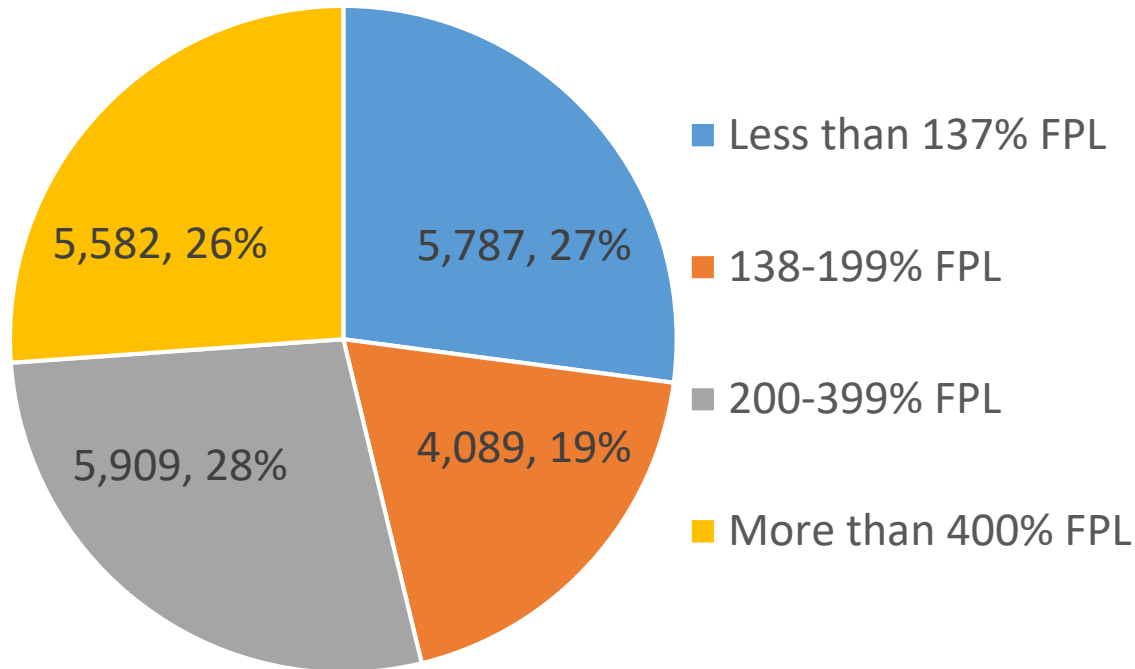
Category	Number	Percent
Population	19,321,141	
In Poverty	2,722,257	14.08%
Uninsured	1,098,446	5.68%
Uninsured under age 19	110,745	2.6%
Uninsured < 138% FPL	334,017	8.42%
Uninsured 138 to 200% FPL	165,903	8.88%
Uninsured 200 to 400% FPL	222,301	4.44%
Uninsured more than 400%	242,008	2.85%

Central NY

- Cayuga, Cortland, Herkimer, Madison, Oneida, Onondaga, Oswego, Tompkins counties
- Population 1.11 million
- 15% living in poverty
- About 49,000 uninsured (4.4%)
- Only two counties with uninsured rates above state average
- Five counties with uninsured rates for children above state average

Onondaga County

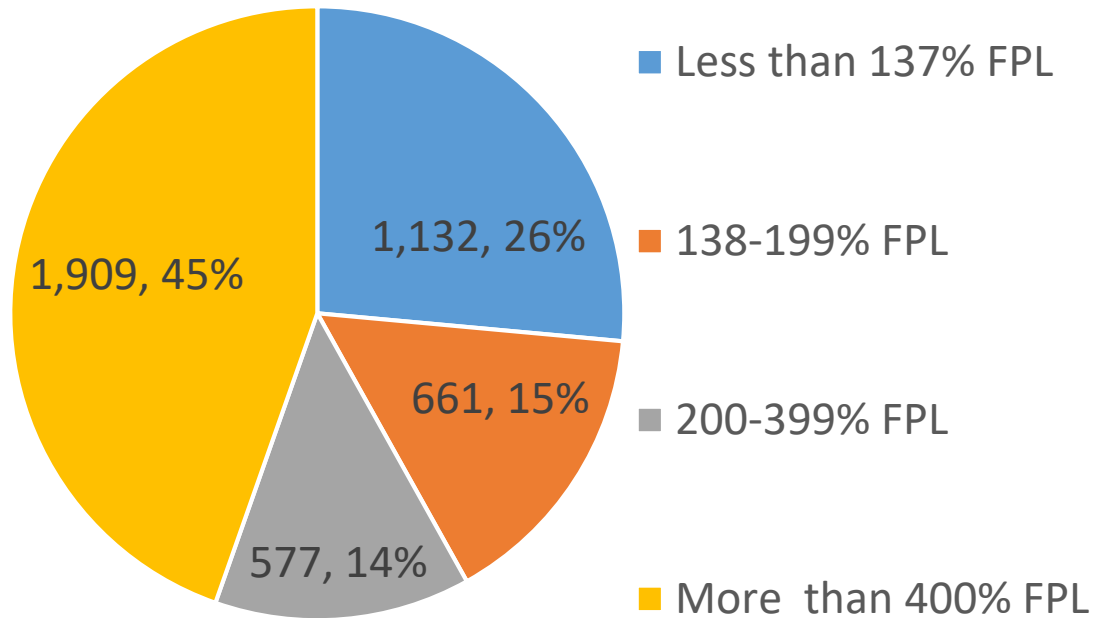
Onondaga County Uninsured by Income, 2017



Category	Number	Percent
Population	444,382	
In poverty	61,820	13.89%
Uninsured	17,321	3.90%
Uninsured Less than age 19	2,800	2.81%
Uninsured less than 138% FPL	5,787	6.28%
Uninsured 138-199% FPL	4,089	8.66%
Uninsured 200-399% FPL	5,909	3.42%
Uninsured more than 400% FPL	5,582	3.11%

Tompkins County

Tompkins County Uninsured by Income, 2017



Category	Number	Percent
Population	91,475	
In poverty	18,772	20.52%
Uninsured	3,166	3.46%
Uninsured Less than age 19	142	0.94%
Uninsured less than 138% FPL	1,132	4.95%
Uninsured 138-199% FPL	661	6.85%
Uninsured 200-399% FPL	577	1.84%
Uninsured more than 400% FPL	1,909	5.13%

IV. The Stories

- About 40 individuals in four counties, recruited by local CBOs that help residents enroll in coverage in Homer and Syracuse in CNY)
- Currently uninsured or uninsured within the last two years
- Gender: 21 Female v 15 Male
- Income: \$10-\$25K=15; \$25-\$50K=11; <\$10K=6; >\$50K=4
- Age: <30=12; <40=9; <50=4; <60=7; >60=3
- Race/Ethnicity: 3 non-whites
- Occupation: food services; truckers; construction trades; agriculture; caregivers; office workers; many self-employed
- All spoke candidly and often poignantly

V. Findings

- Loss of ESI often caused uninsurance
- High number of eligible but uninsured in all income categories
- ACA tax credits are not reaching many in the 200-400% FPL income group
- Other expenses crowded out health premiums
- Although individual market premiums are about 50% of cost in 2013, those ineligible for subsidies still find coverage unaffordable, face “cliffs”

Views on health system and insurance

- Very conscious of rising costs (drug companies, hospitals), wondered how government let it happen
- Many didn't value coverage unless they also had expenses
- Many questioned whether coverage against catastrophic health need was worth the cost
- Many didn't consider the importance of pooling risks (young and healthy offset costs of sicker and older, making premiums more affordable overall)

General attitudes

- U.S. partisanship and “repeal and replace” efforts affected attitudes in many ways
- High degree of satisfaction with Medicaid, Child Health Plus (CHP) and the Essential Plan (EP)
- Dental coverage prized
- Many public program enrollees unaware of program they were enrolled in

Lingering stigma

- Yet, still a stigma associated with public programs or signing up for premium help
- Generational
- “I have never, never taken anything from anybody. I’ve never taken any handouts. Anxiety medicine, checkups, I took care of myself. I’ve been working since I was 15 years old. I paid my dues, I guess. Now, I don’t want to take [public insurance], but I’ll take what I can. I guess it gets a bad rap. There’s so many people that take advantage of something.” – *(Harriet, 58, Medicaid with workers comp disability)*

Help with enrollment critical

- Enrollment help was a godsend
- Most relied on word of mouth, didn't know it was "free"
- Even with help, many hit snags
- "[enrolling on your own] is not as easy as people said it was. I was a pharmacy technician, so all the time at work I'm dealing with people that don't have insurance to pay for their prescriptions. So I tell them 'Well you could go on the Marketplace. Have you done that? Yeah, it's super easy.' So there I was, a bald-faced liar." -- *Kelly, single Mom, 26, child in CHP, found job with ESI*

Piecing together care when coverage is unaffordable

“My daughter’s friend figured it out for me and it’s a \$3,000 deductible plus your copay and they wanted \$461 a month. I cannot afford that...I have a good doctor. She knows I don’t have insurance, so she’ll work with me. I’ll be 61 in January. That’s a joke between me and her, ‘you’ll have insurance in four years, I’ll do everything I can to get you there,’ she says.”

-- Rebecca (61), with a household income of \$50,000, lost her ESI when her husband retired, diabetes, heart disease:

A sad way of looking at things

“If it were different, if we were using [insurance coverage], it would make it more reasonable that we were paying out those things. Not at \$1,500 a month in premiums. You never know. But then again, I look at it this way too. If I’m at a point where I have to be hospitalized, obviously I’m not going to be working so I’m not going to have any income. And same goes for my husband. If he’s hospitalized and can’t work, our income is totally going to change and it’s going to go from this, to it’s going to be nothing. And then hopefully and eventually, we would be eligible for some kind of health insurance help. So that’s where we’re at right now. You never know. Right now, he’s driving on icy roads into New England. You never know. That’s a sad way of looking at things.” -- *LouAnn (50), server without ESI, spouse an independent trucker*

VI. What's Next? Federal help unlikely any time soon

- “It’s the prices, stupid!”
- Many variations of “Medicare for All” being debated (by Democrats)
- Also support for strengthening the ACA/Public Option
- Trump Administration opposes single payer, divided Congress unlikely to take action on anything except drug costs/surprise bills
- Trump Administration rule-making chipping away at ACA
- “Public Charge” rule could result in many immigrants dropping coverage, including legal immigrants
- *Texas v. Azar* could overturn ACA on constitutional grounds

What's Next? It may be up to states

- Reinstating **individual mandate**, would generate \$200 M in NY that could be used to support coverage initiatives (CA, DC, MA, NJ, RI)
- **Reinsurance programs** to lower premiums by offsetting high-cost claims, a problem for NY due to EP (NJ, RI, MN, CO, MD, OR, ND, MT)
- **State tax credits** on top of federal APTCs for 200-400% FPL group to make coverage more affordable, lower deductibles (MA, CA)
- **State tax credits** for 400-600% FPL (CA)
- **Smooth out the “cliffs”** (single \$384-\$549, family \$1,149-\$1,567 with \$1 addition in income at 400% FPL)
- **Cover noncitizens** under EP or Medicaid (CA)
- **Public Option** (WA)
- **EP Buy-in**
- **Increase EP income eligibility** to 250%
- **Single Payer** (15 states with legislation introduced, including NY)

Thank You! Any Questions?
