

Living and Working Without Health Insurance

Imagine waking up in the middle of the night with stomach pains so excruciating that you cannot get out of bed. Needing medical attention but lacking health insurance you try to self medicate your symptoms with over the counter medication. When nothing helps to alleviate the pain, you reluctantly go to the hospital. Living near the poverty line and without health insurance, you cannot afford the bill for emergency care but seek needed treatment as a last resort.

Emergency department services are expensive when compared to a primary care visit to a clinic or a physician office. Federal law requires that hospitals with emergency departments perform a medical examination on all patients to determine if a medical emergency exists, regardless of a patient's ability to pay. Based on the most recent data from 2003, there were 1,550,595 emergency department encounters in Wisconsin. The average charge for each encounter (all payer sources) was \$674.69. The average charge for a primary care visit at a clinic or physician office ranges from \$100 - \$150.

With a state population of 5,316,215, Wisconsin has 593,000 residents who are without health insurance (2003 U.S. Census). Wisconsin also has one of the highest rates of private insurance coverage in the nation. The state supports a number of health care programs for people without access to private coverage. The two largest funded programs for low-income people are Medicaid and BadgerCare. Medicaid supports the costs of providing acute and long-term care to persons who are aged, blind, disabled, children, members of families with dependent children, and pregnant women who meet specified financial and non-financial criteria. BadgerCare insures both children and their parents. To be eligible for BadgerCare, you must have children under age 19 living with you; your income must be within the guideline limits; you must not be covered by health insurance; and there is no limit on assets.

According to the Wisconsin Department of Health and Family Services, 2003 Wisconsin Health Insurance Coverage, current coverage (point-in-time survey) findings show:

- At any point in time during 2003, there were 323,000 (6%) of Wisconsin residents uninsured.
- Younger adults, ages 18-44 were more likely to be uninsured than other age groups (11% in 2003).
- Nine percent of children, ages 0-7, living in poor households were uninsured for part or all of the past year, compared to 13% of children in near-poor households and 3% of children in non-poor households.
- Black and Hispanic adults ages 18-64 were more likely to be uninsured than were white adults of the same age. Among children, non-Hispanic blacks were about as likely to be insured as non-Hispanic whites (97% and 96%, respectively).
- Adults age 65 and older had the highest proportion insured among all age groups, with 99% insured.

Area	Insured During All of Past 12 Months		Uninsured During Part or All of Past 12 Months	
	Estimated Percent	95% Confidence Interval	Estimated Percent	95% Confidence Interval
La Crosse County	95%	+/-3%	5%	+/-3%
Monroe County	77%	+/-7%	23%	+/-7%
Crawford, La Crosse, Monroe, & Vernon Counties	89%	+/-3%	11%	+/-3%
Wisconsin	90%	+/-1%	10%	+/-1%

Source: Combined file, 2002 and 2003 Wisconsin Family Health Surveys, Bureau of Health Information and Policy, Division of Public Health, Department of Health and Family Services (DHFS).

The combined 2002-2003 sample sizes were: La Crosse County 266; Monroe County 139; Crawford, La Crosse, Monroe, and Vernon Counties 493; Wisconsin 14,393. The Wisconsin Family Health Survey is a random-sample telephone survey conducted each year by DHFS. Residents of group quarters such as nursing homes and jails are not represented by the survey.

Surveys find that persons are much more likely to be uninsured if they (or their family members) are unemployed, members of some minority groups, low-income or poor, or lacking a high school diploma.

The *Coulee Outlook 2004, The Coulee Region Needs Assessment Report of Couleecap, Inc.* was conducted to determine needs of low-income people in Crawford, La Crosse, Monroe, and Vernon counties. The largest number of surveys went to low-income households throughout our four-county service area; of the 546 surveys returned, 440 of them were from low-income households, which included 1,106 people (children and adults).

- Of the 440 households, 300 have income levels below the 2003 federal poverty line; 240 have income from wage and/or self-employment; 216 are renters; and 122 are single-parent households.
- Of the 1,106 people, 443 are under age 18; 92 are over age 65; 192 work full-time; 201 have a disability; and 382 don't have medical insurance.

Households were asked to rate problem areas and most significant concerns in their household. In the 440 low-income household surveys returned, health concerns ranked number 1.

- 48% listed cost of health insurance as the top concern within the health concerns problem area.
- 43% listed cost of health care as the second top concern within the health concerns problem area.

Comments regarding needs include: better access to insurance; increased availability of providers for patients on MA; more jobs that offer insurance; more dentists that accept BadgerCare; drastic health insurance reform; universal healthcare; health insurance costs too high, it is difficult for low-income people to maintain health insurance; and healthcare should be comprehensive, inclusive (universal) and emphasize prevention.

Uninsured women are most affected by not having health insurance. A reported new practice at some hospitals is denying patients applications for "charity care," charging them even if they can't pay, then suing them for the balance. Poor women are disproportionately affected by this practice because women earn less than men, live longer, and require more medical care. Another issue is uninsured people who are not part of a private plan or government program can end up with much higher charges because they have no negotiated discounted rates. A procedure can cost much more for the uninsured than those with a health care program. The other side to this is those who seek care but don't have insurance aren't necessarily needy, and they should be expected to pay their share.

Money spent for primary preventive care is much more cost effective than care administered through the emergency room. The Wisconsin Medical Society has resources available for physicians and the public on free clinics and charity care in the State of Wisconsin. Contact your city, county, or tribal social service agency to find out specific information about medical care available for free or at a reduced rate in your area. In addition, those with special health care needs and pregnant women and children may be eligible for Medical Assistance or Healthy Start. Wisconsin currently has received a Waiver to provide a specific menu of reproductive health services for women. Started in January of 2003, it provides preventative well-women care to low-income women between ages of 15 and 44. There is also the Wisconsin Well-Woman Program that provides health care to low-income women between the ages of 35 and 64 that is most often administered through the County Health Department.

Individuals know the importance of health insurance; without it, healthcare can be unaffordable. Whether one has health insurance or not can make the difference between getting medical care or going without. Since health insurance is critical in ensuring that people get timely access to medical care, it is critical to the health and well-being of the population. Whether urban or rural, the uninsured are predominately low-income, working Americans and their families, and most have no insurance because they do not obtain coverage from their workplace, either because it is not offered or it is not affordable. All but the most affluent Americans face the constant risk of financial ruin and even premature death because they can't pay their medical bills. This is something to keep in mind when national health

insurance is discussed. There already is a highly successful, popular single-payer program, albeit only for the elderly, which is Medicare. This type of program should be expanded to all Americans. As stated by Senator Ted Kennedy, there should be “Medicare for all.”

Couleecap, Inc. is a private non-profit 501(c)3 charitable organization created in 1966. Our four-county service area includes Crawford, La Crosse, Monroe, and Vernon counties in Wisconsin. For more than 39 years, we have been helping low-income people build on their strengths and become more self-sufficient. We operate over 30 programs in the areas of housing, family and youth services, and emergency services.

Presented by Kay Mueller, Planner, Couleecap, Inc. Westby WI 54667 June 2005

References:

Coulee Outlook 2004, Couleecap, Inc. www.couleecap.org

The Rural Insured www.ruralhealth.hrsa.gov/policy

Wisconsin Hospital Association, Inc. www.wha.org/toolKit

Wisconsin Department of Health and Family Services, Wisconsin Health Insurance Coverage, 2003 www.dhfs.wisconsin.gov/stats/healthinsurance.htm

Wisconsin Medical Society www.wisconsinmedicalsociety.org/resources/uninsured.cfm

Other sources: internet search, type in “Uninsured Female Patients Contest High Bills”

Special Thanks to Kim Cable and Janet Kusch for assistance in preparing the final draft of this paper.