



The Wyoming Children's Action Alliance is a statewide non-profit providing education, advocacy and leadership that will improve and promote the well being of Wyoming's children and families.

HEALTH CARE A National Priority

Marc Homer, Wyoming Kids Count Coordinator

Quality health care critical for Wyoming children and families

- Nearly nine million U.S. children did not have health insurance (11 percent) in 2005. Wyoming is ranked 24th in the nation with nine percent (11,000) uninsured children.¹ Nearly 47 million Americans were uninsured in 2005.²
- Twenty-one percent of Wyoming parents did not have health insurance in 2007, and 32 percent reported that they were unable to see a doctor due to cost.³
- Most Wyoming counties are designated health professional and dental professional shortage areas while all are mental health professional shortage areas.⁴

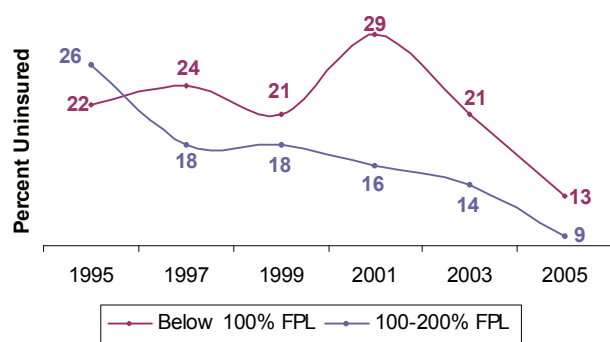
Recent polling shows widespread public support for government action to ensure access to quality health care

- Twenty-two percent of Americans named health care as one of the two most important problems the government should address.⁵
- Americans are interested in seeing the health care system reformed. Fifty percent of respondents in a July 2007 poll agreed that "There are some good things about our health care system, but fundamental changes are needed", while 38 percent believed that "Our health care system has so much wrong with it that we need to completely rebuild it". Only 11 percent of respondents believed that "On the whole, the system works pretty well and only minor changes are needed".⁶
- Registered voters were asked which health care issue they would most like to hear the presidential candidates talk about. A 51 percent majority selected "Making health care and health insurance more affordable," followed by 22 percent who selected "Expanding health insurance coverage for the uninsured".⁷

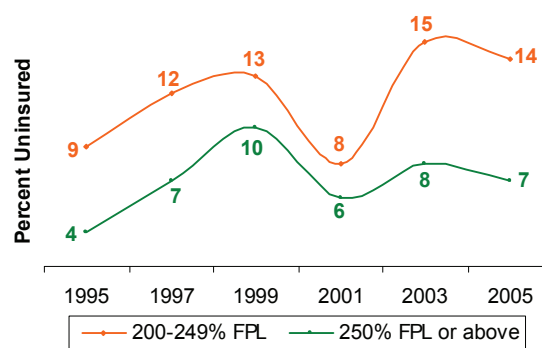
Wyoming's Kid Care CHIP program helped reduce the percentage of uninsured low-income children. When the State Children's Health Insurance Program (SCHIP) began in 1997, Wyoming children in families earning up to 133 percent of the federal poverty level (FPL) were eligible. The upper eligibility limit was raised to 185 percent in October 2003, making it possible for more children in low income families to receive government sponsored health care. More children became eligible when the limit was again raised in July 2004 to 200 percent.⁸ The percentage of uninsured Wyoming children decreased from 13 percent in 1995 to nine percent in 2005, while the US rate dropped from 15 percent uninsured children to 11 percent.⁹

Trend data states the case for increasing eligibility limit for Wyoming's SCHIP program to 250 percent of the federal poverty level or even higher. Wyoming's Equality Care and Kid Care CHIP programs have been very successful in helping to insure more children from the target population, those from poor and low-income families. Despite this success, the percentage of uninsured children in families from income brackets never eligible for government sponsored insurance increased from 1995 to 2005.¹⁰

Positive trend: Uninsured poor and low-income Wyoming children



Negative trend: Uninsured Wyoming children never eligible for government sponsored health insurance



Current system of private health insurance is subsidized through tax code

The federal government uses tax breaks to encourage Employer Sponsored Insurance (ESI) plans. Federal exclusion from income and payroll taxes of employer and employee contributions for ESI is the largest tax subsidy for private health insurance, costing the U.S. Treasury an estimated \$200 billion in lost revenue in 2007—and there are other tax subsidies for private health insurance.¹¹

- Wyoming is ranked 45th in the nation for the percentage of employers offering health insurance to their employees.¹² Only 58 percent of Wyoming private sector employees are eligible for an ESI plan and just 47 percent of all employees are enrolled.¹³
- The cost of ESI family plans for Wyoming private sector employees increased dramatically from 1998 to 2006. The average total family premium per enrolled employee at establishments offering ESI plans rose 75 percent in inflation adjusted dollars from \$6919 to \$12,087. The average total employee premium contribution for family coverage at establishments offering health insurance increased 37 percent in inflation adjusted dollars from \$1664 to \$2284 in 2006.¹⁴
- Income tax reductions for employee contributions to ESIs increase steadily with personal income. This inequity leads to substantial levels of tax reduction for families at different earning levels with those earning more actually getting a larger tax break for making the same co-pay than those who earn less.¹⁵ Even individuals earning millions of dollars are subsidized by the current system.

We must step up for kids' health care

This election season, it is clear that Americans want change. Government action to ensure access to quality affordable health care enjoys widespread public support and will improve the lives of children and families across Wyoming and our nation. We at the Wyoming Children's Action Alliance encourage politicians to address this critical issue during the campaign season.

In the short term, SCHIP enrollment should be simplified so more low income kids will receive health care. SCHIP eligibility should be increased to 250% FPL or higher in Wyoming, as other states have done, to make the program more equitable and available to more kids.

Hardworking members of the middle class can't get SCHIP coverage for their kids and oddly enough, they often get a smaller tax break than wealthier folks when making co-pays on Employee Sponsored Insurance (ESI) program premiums. People who do not enroll in, or are not offered ESI plans often cannot afford to plow down the thousands of dollars necessary to insure their families. For many employees in the private sector, the reward for hard work is life lived on the edge, paying extremely high premiums for high deductible private insurance that makes basic health care prohibitive. Some forgo health insurance altogether while others place their bets, hoping to beat the high costs of the casino style health care system that exists today. No one should have to go bankrupt because they have to gamble on something as critical as their children's' health.

Opponents of changing the system want people to believe that they are fighting big government, when in fact they're propping up a failing government system underwritten by billions of dollars in tax breaks. This system was not designed by or for people likely to need health care but by private interests who shaped it for their own benefit. Health care should not be a losing gamble for more than 46 million Americans. It is time for honesty and clarity of vision to prevail so that politicians can work together to repair our broken health care system. We need healthy children for a healthy America!

Definitions and Sources

^{1,9}Definition: Children age 0-18 who were not covered by health insurance at any point during the year. Source: Retrieved from www.aecf.org

²Source: National Coalition on Health Care. Retrieved from <http://www.nchc.org/facts/coverage.shtml>

³Definition: Any Wyoming adult living in a household with children 0-17 reporting not having any kind of health care coverage, including health insurance, prepaid plans such as HMOs or government plans such as Medicare. Any Wyoming adult living in a household with children ages 0-17 reporting they were unable to see a doctor because of the cost at least once in past 12 months. Source: BRFSS, Wyoming Department of Health.

⁴Definition: Health professional shortage area means any of the following which the Secretary determines has a shortage of health professional: (1) An urban or rural area (which need not conform to the geographic boundaries of a political subdivision and which is a rational area for the delivery of health services); (2) a population group; or (3) a public or nonprofit private medical facility. Source: U.S. Dept. of Health & Human Services: Health Resources and Services Administration.

⁵Source: NBC/Wall Street Journal; Harris Polls, February, 2008. ⁶Source: Harris Polls; CBS News/NY Times Polls, 7/07. ⁷Source: The Kaiser Health Tracking Poll, Election 2008, Issue 8, 2008. ⁸Source: SCHIP eligibility information provided by Kelly Grady at the Wyoming Department of Health.

¹⁰ Definition: Children 0-17 years old who were not covered by health insurance at any point during the year by poverty level. Source: Retrieved from www.aecf.org.

^{11, 12}Source: Tax subsidies for health insurance, an issue brief. Prepared by the Kaiser Family Foundation. July 2008.

¹²Source: Health insurance: Overview and economic impact in the states. Prepared by America's Health Insurance Plans (AHIP). November 2007.

^{13, 14}Source: Medical Expenditure Panel Survey (MEPS). Agency for Healthcare Research and Quality. MEPS-IC State Tables. Wyoming, 1998-2006. Notes: Adjustments for inflation were calculated using the U.S. Department of Labor Consumer Price Index (CPI) calculator located at: http://www.bls.gov/data/inflation_calculator.htm

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