



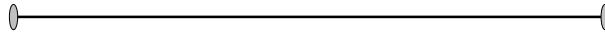
Michigan State Planning Project for the Uninsured

Project Report August 2006



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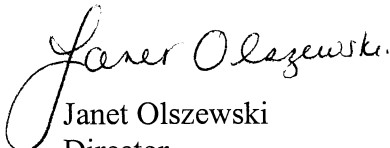
August 25, 2006

On behalf of the Michigan State Planning Project for the Uninsured, I am pleased to present the following Project Report. This report includes the Advisory Council's recommendations for expanding access to health insurance for all Michigan residents.

Council members reviewed a wealth of information about the uninsured and insurance expansion options, talked to national and state experts, and examined data gathered pursuant to the federal Health Resources and Services Administration (HRSA) grant, which funded this project. Thousands of Michigan residents and business owners were surveyed in the Household and Employer Surveys, and hundreds of Michiganians were heard from at focus groups and town hall meetings. Three workgroups, comprised of almost 200 individuals, contributed thousands of volunteer hours to research various health coverage expansion models and provide information to inform the Advisory Council's discussions. The results of the data gathering efforts, as well as the workgroup and Advisory Council documents are available at www.michigan.gov/spg.

The Michigan Department of Community Health appreciates the opportunity to provide this report and looks forward to achieving accessible, affordable, quality health insurance for all Michigan residents.

Sincerely,


Janet Olszewski
Director



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Michigan State Planning Project for the Uninsured Project Report

In light of pressing concerns surrounding the issue of the uninsured and the growing problem of access to affordable health insurance for Michigan's residents, the Michigan Department of Community Health (MDCH) launched the Michigan State Planning Project for the Uninsured. This initiative was funded by a federal Health Resources and Services Administration (HRSA) grant with the goal of developing realistic strategies to extend health insurance to all Michigan residents. MDCH coordinated this initiative from late 2004 through August 2006.

An integral component of the State Planning Project for the Uninsured was to expand the current knowledge base about uninsurance by collecting data about unmet needs, barriers to insurance coverage, and system changes needed to secure coverage for all Michigan residents. Data collection efforts included: the Michigan Household Health Insurance Survey of over 13,000 Michigan households; the Michigan Employer Health Insurance Survey of 1,200 Michigan employers; Focus Groups with employers,

insurance brokers and the uninsured; and a Health Care Listening Tour consisting of eleven town hall meetings around the state.

Key to the project was a broad-based, responsive, and effective governance structure, including an Advisory Council to the Michigan Department of Community Health and three workgroups. The Advisory Council was appointed by the Director of MDCH, and included representatives of large and small businesses, unions, health care providers, local Chambers of Commerce, health plans, seniors, free clinics, consumers, local public health, and insurers. Three workgroups (Data Synthesis, Models Development, and Community Interface) assisted the Advisory Council by reviewing data gathering instruments and analyses; assessing models to expand insurance coverage; and developing strategies to engage stakeholders and build consensus.

The Advisory Council's recommendations can be found on page 12 of this report.

Problem Identification and Background Information

The health consequences of being uninsured are well documented, as are costs associated with caring for the uninsured. These, along with rising health care costs, are creating challenges throughout Michigan. According to the Current Population Survey (CPS) (2002-04 average), 11.4%, or approximately 1.1 million Michigan residents were uninsured. CPS estimates of the uninsured are higher than those based on the Michigan Household Health Insurance Survey, which found Michigan's uninsured population to be 800,000, or 7.8% of the population. (This difference between the survey findings may be explained by the number of people interviewed and by the questions, definitions, and methods used in the surveys. State surveys typically find lower rates of uninsurance than do CPS national surveys. While the Household Survey provided greater detail on the characteristics of the uninsured in Michigan, including regional data, CPS data is valuable as a

source to compare Michigan's uninsured with those in other states and with the nation.)

Michigan has historically had a lower proportion of residents without health insurance than the national average, due primarily to the high-rate of employer-based coverage in Michigan. According to the CPS, in 2004, the percentage of non-elderly Michigan residents covered by employment-based health insurance was 68%, compared with 62% nationally; however, this was a reduction from previous years as the rate of employer-based coverage, both nationally and in Michigan, has dropped steadily over time.

The continued loss of manufacturing jobs, combined with a sluggish economy, has eroded employer-based coverage in Michigan. Michigan, like the nation, continues to struggle with increased demand for public insurance coverage; approximately 15% of Michigan's population is now covered by Medicaid.

Data Sources on the Uninsured

Prior to the State Planning Project for the Uninsured, Michigan relied on four sources to provide data on health insurance coverage in Michigan. These were: 1) U.S. Census Bureau Current Population Survey (CPS); 2) Urban Institute National Survey of American Families (NSAF); 3) Michigan Behavioral Risk Factor Surveillance System (BRFSS); and 4) Michigan State University's State of the State Survey (SOSS). These surveys provide data on Michigan's level of uninsurance by race/ethnicity, firm size, type of firm (public/private sector), and general information regarding the prevalence of uninsurance among children. However, gaps exist in this data.

The State of Michigan is large, both in terms of geography and population and the characteristics of uninsured individuals vary significantly across the state. In order to develop health care coverage strategies that address the diversity of persons who are uninsured, it is beneficial to consider data on the uninsured at the regional level. It is also important to examine data concerning business attitudes, practices and beliefs relative to employer-based insurance throughout the state. The data gathered as part of this project provided much of this necessary information.

Everyone Pays

Access to and cost of quality health care are important issues for Michigan's communities and for the state. In 2002, the Michigan Economic Development Corporation commissioned a study on factors that could affect the business climate and competitiveness of Michigan. This study identified Michigan's employer-based health insurance premiums for individual policies in 1999 as the highest of the benchmark states.¹ High premiums have contributed to the decline in recent years in employer-based coverage in Michigan and nationally.

Michiganians with insurance are paying more every year for health care benefits that are being reduced over time, and many are at risk of losing their coverage altogether. Employers face large, unpredictable increases in their health insurance premiums annually. The rise in health insurance premiums has generally outpaced inflation and

¹ Altarum. *Healthcare Costs and Premiums: Michigan Compared with Selected Benchmark States*. March 31, 2004.

increases in workers' earnings since the late 1980s. Since 2000, premiums for family coverage have increased by 73%, compared with a 13% growth in consumer prices and an earnings growth of 16%.²

Cost-shifting trends are also not sustainable. Hospitals and physicians shift the cost of services for the uninsured to other payers. In 2005, the direct impact of cost shifting on employers in Michigan was estimated to be 6.5% of premium costs.³ Employers and individuals who purchase insurance pay a significant portion of the costs for health care for the uninsured or underinsured. Families USA estimates that in 2005 in Michigan, \$730 a year was added to the cost of a family policy and \$274 a year to an individual policy, to cover health care costs of the uninsured.

Rapidly rising health care costs have weighed down Michigan's large automotive industry and have become a major competitive burden, adding \$1,500 to the cost of each vehicle, according to General Motors Corporation Chairman and Chief Executive Officer G. Richard Wagoner Jr.⁴

Health Status of Michigan Residents

A major contributor to the high cost of health insurance in Michigan is the poor health status and unhealthy lifestyles of Michigan residents. Michigan has an unacceptably high ranking nationally for deaths from heart disease; it ranks number two in diabetes mortality, and has the seventh highest percentage of smokers.⁵ About 61% of Michigan residents are overweight or obese.⁶ To address these concerns, the first state Surgeon General in the country was appointed in 2003 in Michigan, Dr. Kimberlydawn Wisdom. The Surgeon General released the Healthy Michigan 2010 Health Status Report and the Prescription for a Healthier Michigan, which identify leading health threats to Michigan

² Claxton, Gary, et al. *Employer Health Benefits: 2005 Annual Survey*. (Kaiser Family Foundation/Health Research and Educational Trust, 2004).

³ Families USA. *Paying a Premium: The Added Cost of Care for the Uninsured*. June 2005.

⁴ Ceci Connolly. Washington Post. *U.S. Firms Losing Health Care Battle, GM Chairman Says*. February 11, 2005.

⁵ National Center for Chronic Disease Prevention and Health Promotion, CDC. 2003. *Prevalence Data*.

⁶ 2004 Behavioral Risk Factor Survey. *Health Risk Behaviors in the State of Michigan*.

residents and recommend a plan of action for improving health. Progress in improving Michigan's health continues to be impeded by the increasing number of uninsured, and the concomitant reduction in access to health care.

The Burden of Uncompensated Care

The burden of uncompensated care on local health care systems threatens the survival of individual providers and hospitals, reducing access to care and the viability of the economic base of these communities. Further, increased demand for services by the uninsured in already busy hospital emergency departments jeopardizes access and quality of care for both the insured and the uninsured. In 2005, there was \$43 billion worth of uncompensated care provided to the 48 million uninsured in the United States. Michigan had \$1.1 billion in uncompensated care.⁷

Amassing Medical Debt

Large health care costs for uninsured low-income families can be financially disastrous. Two out of five Americans aged 19-65, or 77 million Americans report they had problems paying medical bills in the last 12 months or were paying off medical debt they had accrued over the past three years.⁸ Medical debt is now a factor in as many as 50% of personal bankruptcies.⁹

Real People with Real Health Risks

The uninsured receive less preventive care, are diagnosed at more advanced disease stages, and once diagnosed, tend to receive less care and have higher mortality rates than the insured.¹⁰ Uninsured adults have a 25% greater mortality risk than do insured adults, accounting for an estimated 18,000 deaths annually. They have worse outcomes for chronic conditions such as diabetes, cardiovascular disease, end-stage renal disease, and HIV. Uninsured children are at greater risk of suffering delays in development that may affect their educational achievements, earning capacity and long-term health. The economic value of a healthier and longer life that

an uninsured individual forgoes ranges between \$1,645 and \$3,280 for each year without coverage.¹¹

Benefits to Covering the Uninsured

The uninsured receive many benefits when they become insured; however, the benefits to the insured are also significant. As noted by the Institute of Medicine, "It is both mistaken and dangerous to assume that the prevalence of uninsurance in the United States harms only those who are uninsured."¹²

Efforts to Reduce the Number of Uninsured

The Household Survey found that publicly-funded programs, such as Medicare and Medicaid, cover 16% of the state's insured adults under the age of 65 and 28% of insured children. The number of people covered by Medicaid, both in Michigan and throughout the United States, is growing. Medicaid now covers 1.5 million Michiganders, an increase of 35%, or nearly 400,000 over the past five years, many of whom are low-income children who have lost dependent coverage and adults who have lost their jobs and exhausted their unemployment benefits.

The state has been actively involved in expanding coverage since the enactment of the Public Health Code in 1978. These efforts have contributed to an uninsurance rate in Michigan that is lower than the average for the nation. Strategies to reduce the number of uninsured include: the enactment of Public Act 350, which established Blue Cross Blue Shield of Michigan as the insurer of last resort; the creation of MICH Care, later expanded and renamed Healthy Kids and the Maternity Outpatient Medical Services (MOMS) program; the Transitional Medical Assistance program; the Breast and Cervical Cancer Control Program; the MICHoice Waiver, expanding home and community-based health services for aged and disabled persons who are nursing home eligible; the State Children's Health Insurance Program; the Adult Benefit Waiver; and, most recently, the Family Planning Waiver.

⁷ Families USA. *Paying a Premium: The Added Cost of Care for the Uninsured*. June 2005.

⁸ Commonwealth Fund.

⁹ David U. Himmelstein et al. *Marketwatch: Illness and Injury as Contributors to Bankruptcy*. Health Affairs, Web Exclusive. February 2, 2005.

¹⁰ Kaiser Commission on Medicaid and the Uninsured. *The Cost of Not Covering the Uninsured*. June 2003.

¹¹ Institute of Medicine of the National Academies. *Hidden Costs, Value Lost: Uninsurance in America*. June 2003.

¹² Institute of Medicine of the National Academies. *A Shared Destiny: Community Effects of Uninsurance*. February 2003.

What Does the Project Data Indicate About Michigan's Uninsured?

The Michigan Department of Community Health (MDCH) contracted with the Michigan Public Health Institute (MPHI) to collect information on Michigan's uninsured and on employers who have traditionally provided health insurance to workers. In addition, MDCH conducted Town Hall meetings across Michigan to learn about the magnitude, causes and effects of uninsurance in each community. A complete report for each data source is available at www.michigan.gov/spg

The Michigan Household Health Insurance Survey

MPHI conducted the Household Survey from December 2004 through August 2005. This telephone survey focused on the uninsured at the state and regional levels. During this effort, MPHI collected information from 34,113 individuals in 13,091 Michigan households.

Michigan Employer Health Insurance Survey

Because the current status and future of employer-sponsored health coverage impact policy decisions about extending coverage, MPHI developed the Employer Survey. This was conducted from August through November 2005. This survey was sent to 12,000 randomly selected businesses located throughout the state, 1,261 of which completed and returned their questionnaires.

Town Hall Meetings

Town hall meetings conducted by MDCH staff and local community partners from September through December 2005, provided information about the beliefs of more than 600 Michigan residents who participated in the project's Health Care Listening Tour. These meetings "put a face" to the uninsured and helped the Advisory Council better understand the impact of uninsurance on local communities.

Focus Groups

MPHI held focus groups with employers, insurance agents and uninsured individuals in eight cities throughout Michigan. In addition, MPHI conducted 90 telephone interviews to supplement information from the focus groups.

Types of Data Gathered

The data sources cited above contain quantitative data from the Household and Employer Surveys, and

qualitative data from the Town Hall meetings and Focus Groups.

Qualitative data from the Health Care Listening Tour and Focus Groups are in shaded boxes, and are included to show themes.

Who Are Michigan's Uninsured?

Michigan's uninsured are friends, neighbors, and possibly, even family members. The uninsured are very much like people who have health insurance, but they have found themselves in situations where coverage is not available or affordable.

According to the Household Survey, 10.9% of Michigan residents between the ages of 18 to 64 are uninsured, representing almost 700,000 uninsured adults. The rate of uninsurance for those under the age of 18 is 3.7%, accounting for almost 100,000 uninsured children. Although Michigan residents of any age may be uninsured, a disproportionate number are young adults. Over 26%, or almost 210,000 of the uninsured, are between the ages of 18 and 29.

The uninsured rate varies considerably among different regions within the state. The City of Detroit has the highest adult uninsured rate at 17.5%, with the Northern Lower Peninsula following closely with 16.5% uninsured. Southeast Michigan, not including the City of Detroit, has the lowest rate at 8.6%. The uninsured rate for children is more evenly distributed across the state.

Reasons for Being Uninsured

According to the Household Survey, about two-thirds of uninsured adults report that the primary reason they are uninsured is because they can't afford insurance, or they've lost or left a job that provided coverage. For children, 37% are uninsured because they became ineligible for coverage and another 33% because health insurance is unaffordable.

Most of Michigan's Uninsured Are the Working Poor

The Household Survey found that 80% of Michigan households with an uninsured member have at least one adult who is either employed by others, or is self-employed. Of these households, 73% include a

member working 40 or more hours per week, possibly at two or more part-time jobs. Nearly 62% of these households have a member who works for an employer that offers health insurance to at least some of his or her employees; however, only 47% of workers are actually eligible for coverage. Reasons for ineligibility include being a part-time or temporary worker, or not having worked long enough.

There are an estimated 60,000 households in Michigan where there is a worker who is eligible for coverage, but does not take it. More than 65% of the time it is because they cannot afford their share of the cost.

About 120,000 Michigan households include insured workers, living with uninsured individuals who are

not covered by the worker's employer-sponsored plan. Almost 40% are ineligible because they are not immediate family members of the worker and 27% are ineligible generally due to their age. Another 19% are uninsured because the household cannot afford the cost for dependent coverage.

According to the Household Survey, the income for about one-quarter of Michigan's uninsured falls below the 2005 Federal Poverty Level (FPL) Guidelines. This means that 26% of the state's uninsured live on annual incomes of less than \$9,570 for an individual or \$16,090 for a family of three. Almost two-thirds of Michigan's uninsured live below 200% FPL, which is \$19,140 for an individual or \$32,180 for a family of three.

Working Poor*

Listening Tour Participants' Comments:

- Most of the uninsured are employed; however some who are offered employer-based insurance are unable to afford their share of the premium, while others are not offered insurance by their employer and are unable to afford an individual policy.
- Individuals who are unable to afford health insurance premiums are charged considerably more for medical services than the insured because they are charged the full rate for services, whereas insurance companies negotiate a discounted rate.

Uninsured Focus Group Participants' Comments:

- Most uninsured focus group participants were employed. Many had been insured in the past, but lost coverage when their company downsized and they lost their jobs. Other participants were not eligible for insurance because they were working part-time.

** The opinions of Health Care Listening Tour and Focus Group participants are qualitative data. The themes are presented for descriptive purposes.*

Employer-Based Coverage Remains the Primary Source of Health Insurance

Of the 1,261 businesses that participated in the Employer Survey, 60% reported that they offer health insurance coverage to at least some of their employees, and 40% reported that they do not offer insurance to any of their employees. Over 84% of employers that provide health insurance to workers also cover spouses and dependents of employees.

The Household Survey found that the majority of Michigan residents with health insurance obtain their coverage through employer-sponsored plans. For adults aged 18 to 64 with insurance, 81% receive coverage through their employer. For insured children, 71% receive coverage through employer-sponsored health plans.

Industry type, Employer Size, and Time in Business Impact Employer-Based Coverage

The Household Survey found that the industry in which people work makes a difference as to whether they have health insurance. The uninsured are found disproportionately working in service jobs.

Among respondents to the Employer Survey, 83% of government entities offer insurance to at least some of their employees, as do 75% of manufacturers, 64% of health care providers, 60% of general merchandise and clothing stores, and 51% of personal or business service employers. In contrast, 42% of employers involved in farming or ranching offer health insurance to at least some of their employees, followed by 40% of employers that run food stores and 37% of employers operating eating and drinking establishments.

In general, the more employees businesses have, the more likely they are to offer insurance. The percentage of employers offering health insurance ranges from 31% of employers with less than five employees, to 98% for those with more than 100 employees.

The percentage of employers offering health insurance generally increases with gross revenue, ranging from 11% for employers with gross revenues between \$10,001 and \$50,000, to 84% for those with gross income of more than \$500,000. The percentage also increases with length of time in business. The percentage of employers offering health insurance ranges from 25% for employers that have been in business for less than two years, up to 74% for those in business more than 20 years.

Workforce Characteristics of Employers Who Offer and Do Not Offer Insurance

Employers with a larger percentage of full-time workers are more likely to offer health insurance. On average, employers offering health insurance have 74% full-time and 20% part-time workers, compared to 53% full-time and 37% part-time workers for employers who do not.

On average, employees offered health insurance earn more than those who are not offered coverage. More than two-thirds of employees working for employers who offer health insurance earn more than \$20,000 per year, while only about one-third of employees who work for employers who don't offer coverage earn more than \$20,000.

Employer-Sponsored Retiree Coverage

Almost one in five employers that offers insurance to at least some of their employees offers Medicare supplemental or health insurance coverage to retirees over the age of 65. Nearly 17% cover retired employees under the age of 65. More than three-quarters of employers who offer coverage also cover their retirees' dependents.

Eligibility for Employer-Sponsored Coverage

Nearly 87% of employers require workers to be employed three months or less before becoming eligible for health insurance coverage, with 17% allowing immediate eligibility upon hire.

Thirty percent of employees who are offered health insurance must work at least 40 hours each week to be eligible. Almost half are required to work from 30 to 39 hours per week, and 22% need to work less than 30 hours per week to be eligible for health coverage.

Some Employees Decline Coverage

On average, employers report that 75% of their workforce is eligible for the company health insurance plan, but only 61% are enrolled. The major reason that employees decline coverage is because they're covered through a spouse's health insurance plan. Some decline coverage because they can't afford the premiums.

About one-fifth of employers require their employees to show proof of health insurance coverage before allowing them to decline enrollment in their company's health insurance plan. Almost one-third offer other compensation to employees who decline coverage.

Amount Employers Pay Toward Premiums

Nearly 73% of employers offering health insurance pay between 76% and 100% of premium costs for full-time employees, and 53% pay the same percentage for dependents of full-time workers. Only three percent of employers offering health insurance pay nothing toward the premium cost for their full-time employees and 27% pay nothing for dependents of full-time employees.

Of the 721 responding employers who offer health insurance, 20% self-insure a portion of their insurance program. In general, the more employees in a company, the more likely the employer is to self-insure.

Why Employers Offer or Do Not Offer Health Insurance

Employers cite the following reasons for offering coverage:

- It is the right thing to do (90%)
- It increases loyalty and decreases turnover (85%)
- It helps with employee recruitment (84%)
- Employees demand or expect it (79%)
- Competitors offer it (70%)
- It increases productivity by keeping employees healthy (70%)
- Owner wants or needs coverage (56%).

Employers who do not offer insurance cite the following reasons why they don't offer insurance:

- Premiums are too high (92%)
- Financial status of the company (79%)
- Employees are unwilling to contribute to the cost of premiums (66%)
- Employees are covered under other plans (64%)
- Can't meet insurance participation requirements (52%)
- Most employees are part-time, temporary or contractual (52%)
- It is not needed to attract good employees (50%).

High Health Care Cost is Culprit

Seventy-four percent of employers who do not offer health insurance to their workers "strongly agree" that they would be more likely to offer coverage if

costs weren't so high, and 15% "somewhat agree". More than 80% would be willing to offer coverage if changes in premiums were more predictable.

Challenges to Employers and Workers Caused by Increasing Health Care Costs*

Listening Tour Participants' Comments:

- Costs for uncompensated care for the uninsured result in higher health care costs for those who pay for care. Increased costs cause insurance premiums to rise beyond what some employers can afford, so they drop coverage for their employees, thus adding to the number of uninsured. Other employers increase their employees' share of the cost, which causes some employees to decline coverage, so they too become uninsured. Others take the insurance but find they can't afford the higher deductibles and co-payments, so they become effectively uninsured. This increase in the number of uninsured results in additional uncompensated care, and the cycle repeats itself.
- Some employers control their health insurance costs by keeping workers on part-time status, so they aren't eligible for their group plans.
- Most individuals find COBRA payments are too expensive to allow them to continue their health insurance coverage when they lose their job.
- Rising health care costs harm Michigan's economy by stifling entrepreneurship and suppressing small business start-ups. It also causes the uninsured to close small businesses and take jobs that provide health insurance.
- Some Michigan workers have seen their jobs transferred to other states and overseas as companies search for lower labor and production costs.

** The opinions of Health Care Listening Tour participants are qualitative data. The themes and quotes are presented for descriptive purposes.*

The Future of Employer-Sponsored Plans

Among employers who offer health insurance to their workers, six percent report it is “somewhat likely” and three percent report it is “very likely” they will not offer coverage next year.

In addition, 62% of employers think it is likely they will shift more of the cost of premiums to their employees in the next year; more than half stated they might switch to another insurance provider; 48% believe they might reduce benefits; and 44% believe they may offer a high deductible plan with a health savings account. More than 16% of employers say they are likely to eliminate or reduce dependent coverage. On the other hand, of

responding employers who don’t offer insurance, three percent report their companies are “likely” to offer health insurance, and 10% report their companies are “somewhat likely” to offer coverage within the next year.

Time without Insurance

According to the Household Survey, nearly 60% of uninsured adults and more than 40% of uninsured children have been without health insurance for more than two years, or have never been covered.

<i>Length of Time Michigan’s Residents Have Been Uninsured</i>				
	<u>Less than 6 Months</u>	<u>6 Months to 2 Years</u>	<u>Longer than 2 Years</u>	<u>Never had Insurance</u>
Uninsured Children	31%	26.1%	31.9%	11%
Uninsured Adults	16.4%	24.6%	54.4%	4.6%

Lack of Insurance and Cost of Services are Barriers to Accessing Health Care

The Household Survey found that over half of Michigan’s uninsured adults have difficulty finding medical care since becoming uninsured. More than 40% pointed out that finding medical care for their children is also difficult. Over half (55%) of Michigan’s uninsured adults feel they needed to see a doctor over the past year, but couldn’t afford it and 27% indicated they could not afford to take their child to see a doctor. Nearly 40% of uninsured adults

and 18% of children have no regular place to go for medical care.

Almost half of uninsured adults believe the most worrisome aspect of being uninsured is not being able to pay for their health care and 40% have a similar fear about their ability to pay for their children’s care. The survey found that more than one-third of uninsured adults and 21% of families with uninsured children have accumulated large medical bills, which they have found difficult to pay.

Challenges Facing the Uninsured*

Listening Tour Participants' Comments:

- Increasing numbers of uninsured individuals are seeking care at free and low-cost health care clinics. Many are people who were previously insured.
- The patchwork of insurance and coverage programs is expensive and doesn't meet the needs of many of Michigan's residents. As a result, those without insurance don't receive the care they need in a timely fashion, so they are sicker and their care is more costly when they finally receive it.
- Lack of dental care, and mental health and substance abuse treatment for the uninsured lead to greater health care expenses in the long run.
- Access to prescription drugs and specialty care are huge concerns for the uninsured.

Focus Group Participants' Comments

Uninsured Individuals:

- The uninsured feel that having health insurance is very important because it provides security, which they define as being able to see a doctor for preventive care to avoid future health problems, and not missing work due to illness. They also feel that insurance provides a way to avoid costly medical bills that may result in their financial ruin.
- Most focus group participants do not receive preventive care, laboratory tests, and maintenance prescriptions. Many also forego dental or vision check-ups. Participants with potentially serious medical conditions stated that they have been unable to see a specialist for tests or procedures because they use free clinics and low-cost health centers that do not provide specialty care.
- The uninsured try to avoid using emergency rooms, but say that there are times when they are unable to get an appointment elsewhere or find themselves needing care after business hours.
- Some focus group members with pre-existing conditions who had attempted to purchase health insurance discovered that their conditions made coverage unaffordable, if it was available at all.
- Specific age groups over-represented among the uninsured include: young adults; women 55 to 64, many of whom are caregivers; part-time workers; early retirees; health care workers; farmers; small business owners and their employees; divorced individuals; low-wage earners; substitute teachers, and paraprofessionals.
- The reasons group participants were without health insurance included: losing coverage when they were laid off from their jobs; not being able to afford their share of employer-based health insurance or COBRA; and not qualifying for government insurance programs, such as Medicaid.
- According to uninsured participants, paying for health insurance on their own is not feasible because it is unaffordable. Some participants are tried to afford insurance by cutting back on household expenses, but found the cost prohibitive. Many said that the cost of health insurance premiums is more than their monthly income.
- *The opinions of Health Care Listening Tour and Focus Group participants are qualitative data. The themes and quotes are presented for descriptive purposes.*

