The Uninsured in Nevada
Rose M. Park Yuhos
Interim Executive Director
Great Basin Primary Care Association

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Nevada is currently facing a number of extremely difficult challenges. For more than 20 years Nevada has experienced dynamic population growth. However, at the very time when increasing resources are essential to meeting the demands for health and social services created by this growth, a very poor and unstable financial climate has created significant budget deficits, all but depleting state/county resources, and creating critical socioeconomic barriers to healthcare and healthcare services. **Unemployment in Nevada is over 15%.** With significant job losses has come increased numbers of uninsured. It is important to note that the unemployment rate is likely under reported, as individuals reach the end of their eligibility for unemployment benefits and no longer qualify.

A recent report by the Cancer Action Network states that **“A one percent increase in the national unemployment rate results in 2.4 million people losing employer sponsored health coverage.”** With rising numbers of individuals becoming unemployed, a shrinking base of employer sponsored health insurance many individuals are forced to consider purchasing their health insurance in the individual market, however the biggest barrier becomes cost; resulting in escalating number of uninsured.

An important consideration when analyzing the effects of unemployment is the existence of “lagged effects.” Unemployment is considered a “lagging indicator” as unemployment rates tend to INCREASE approximately one year after a recession takes hold of the economy.

Uninsured rates are also a “lagging indicator and tend to lag unemployment by 18 months (corresponding to the Cobra Coverage period). 54% of laid off workers cannot afford COBRA and they do not qualify for government sponsored programs.

Compounding the issues created by the high unemployment, many individuals and families have reached the end of their eligibility and extensions for CORRA benefits and many can not afford the co-payments even before their benefits expire. In addition, already poorly supported healthcare initiatives have been and continue to be cut. **Nevada is last in almost every healthcare metric that exists.**

**One in ten Nevadans live at or below the Federal Poverty Level (FPL) and 14.9% of children aged 18 and under live in poverty.** According to the Kaiser State Health Facts, for the period 2008-2009, **twenty percent (20%) of Nevadans were uninsured.**
The US Census Bureau’s 2009 American Community Survey 1-year estimates ranks Nevada #1 in the percent of children under 18 years of age without health insurance coverage at 17.8%. Nevada’s rank is followed by Texas at a 16.3 percent.

In addition, Nevada is one of six states in the nation that the U.S. census bureau designates as a “minority-majority” state. Minority populations tend to have disproportionately high rates of chronic disease, births, low birth weight and higher infant mortality and are disproportionately uninsured.

85% of Nevada lies in federally-designated Primary Care Health Profession Shortage Area (HPRSA), most frontier counties have been designated as Medically Underserved Areas (MUA) as there are shortages of health services. An important component of Nevada’s Public Health system is the Federally Qualified Health Center and Tribal Health Center networks. All of the centers serve as the medical home and safety net to many people who would not have access to or receive health care.

A report prepared for Great Basin Primary Care Association By Decision Analytics in January 2009 provides the following definitions:

Note: These definitions are consistent with the US Department of Health and Human services definitions.

1) Individuals are considered uninsured if they have NO health care coverage for an entire year.

2) If an individual has insurance coverage for ANY PART OF THE YEAR they are considered insured.

3) Individual Market in an individual market, a person can purchase health insurance if he or she do not receive coverage by an employer.

4) Insurance Premium is the cost of participating in a health insurance plans NOT including any required deductibles or co-payments.

5) Community rating is a method of setting health insurance premiums for where the premium is the same for all individuals in the same geographic area.

6) Determining Factors include health status, prior health claims, age, gender, categories of business or industry, geographical location, group size., family composition, duration of insurance, lifestyle or participation in risky activities.

There are two types of Health Insurance:

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1) Private Insurance includes employer provided plans or union provided plans.

2) Government Provided Coverage includes Medicare; Medicaid or SCHIP.

3) Military health care (TriCare; Champus, CHAMVA or VA).

4) State and/or local specific plans.

In the same report Decision Analytics showed that individuals at 100-199% of the federal poverty level show higher percentages of being uninsured that those below the 100% poverty threshold for perhaps two related reasons.

1) They earn even slightly more that the threshold income to qualify for federal insurance.

2) They may work at jobs that don’t offer health care insurance.

Implications for Nevada:

1) Poverty and access to health insurance will continue to be a persistent problem in Nevada
2) Unemployment has and continues to increase dramatically
3) Participation in employment—sponsored health insurance continues to decline.
4) Demand for Federal and state sponsored health insurance plans will continue to increase creating additional strain on our already strained fiscal status in Nevada.