

*Report of Technical Advisory Committee  
to Study of Persons Not Covered  
by Health Insurance*



*Legislative Counsel  
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REPORT OF TECHNICAL ADVISORY COMMITTEE  
TO STUDY OF PERSONS NOT COVERED  
BY HEALTH INSURANCE

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## SUMMARY OF RECOMMENDATIONS

The Technical Advisory Committee to the Board of Regents' Study of Persons Not Covered by Health Insurance submitted the following proposals to the Legislative Committee on Health Care (*Nevada Revised Statutes* 439B.200 through 439B.240). Proposals Nos. 2, 3, 5, and 8 were subsequently incorporated into recommendations adopted by the Committee on Health Care and forwarded to the 1993 Session of the Nevada Legislature.

### EMPLOYER INCENTIVES TO PROVIDE HEALTH INSURANCE

1. Direct the insurance industry to meet with employers to determine why some firms do not offer health insurance and to determine the incentives that would be necessary to stimulate these businesses to offer insurance.
2. Recommend that the Committee on Industrial Insurance and the appropriate standing committees in the Legislature develop incentives for Nevada employers to provide health insurance. Possible means for accomplishing this goal include: offering employer tax credits, allowing small employers to buy private workers compensation insurance, and encouraging basic catastrophic policies to be sold and marketed to small employers - such as those authorized by Senate Bill 503 (Chapter 648, *Statutes of Nevada 1991*, pages 2152-2155). (See BDR 32-1065, BDR 57-1066, and BDR 57-1064 in Appendix B of Legislative Counsel Bureau (LCB) Bulletin No. 93-14, *Report Of The Legislative Committee On Health Care*.)
3. Extend the evaluation date for the small business insurance plans authorized by Senate Bill 503 from April 1993 to April 1994, and from April 1995 to April 1997. (See BDR S-1067, LCB Bulletin No. 93-14.)
4. Encourage employers with similar characteristics to pool their collective risk to enable reductions in premiums, commonly referred to as Multiple Employer Welfare Arrangements (MEWAs).

PREVENTION/WELLNESS SERVICES AND INSURANCE  
PRODUCTS FOR CHILDREN

5. In general, invest health care resources in promoting and providing access to preventive and wellness services for children. (See BDR S-1086 and BDR 34-1087, LCB Bulletin No. 93-14.)
6. Encourage insurers, through incentives, to develop and market an inexpensive preventive health insurance product for children.

BASIC HEALTH INSURANCE COVERAGE

7. Define "basic coverage" which must be offered by all insurers.

HIGH-RISK INSURANCE POOL

8. Create a high-risk insurance pool to increase access to health care for Nevada's medically uninsurable population. (See BDR 57-1068, LCB Bulletin No. 93-14.)



**REPORT TO THE NEVADA LEGISLATURE'S COMMITTEE ON HEALTH CARE  
BY THE TECHNICAL ADVISORY COMMITTEE TO BOARD OF REGENTS'  
STUDY OF PERSONS NOT COVERED BY HEALTH INSURANCE**

**I. INTRODUCTION**

The following report is submitted in compliance with Senate Bill 503 (Chapter 648, *Statutes of Nevada 1991*, pages 2152-2155). This measure required a study of persons not covered by health insurance in Nevada. The Board of Regents of the University of Nevada System was specified to direct this study for a sum of \$50,000. A Technical Advisory Committee (TAC) was appointed to provide advice in the development of the study and report to the Legislative Committee on Health Care by October 1, 1992. A copy of S.B. 503 is contained in Appendix A.

Senate Bill 503 further stipulated that certain types of information be collected:

- A. The total number of persons in Nevada who are not covered by health insurance;
- B. The reasons for the lack of insurance coverage;
- C. The number of uninsured persons classified by age, income, employment status, residence and any other classifications deemed relevant; and
- D. Any other matters as required by the Technical Advisory Committee.

**Consultant**

The Board of Regents designated the Center for Business and Economic Research (CBER) within the University of Nevada, Las Vegas, to provide the technical and analytical services required of the study. R. Keith Schwer, Ph.D., Director of the CBER, was appointed as coordinator of the study.

**Technical Advisory Committee to Board of Regents' Study of  
Persons Not Covered by Health Insurance**

The Legislative Commission was required to appoint a Technical Advisory Committee whose composition was detailed in S.B. 503. The members and their representation consisted of the following:

*Senate Member:*

Senator Raymond D. Rawson (R-Las Vegas), Chairman

*Assembly Member:*

Assemblyman Rick C. Bennett (D-Las Vegas)

*Small Employer Representative:*

Bill Bradley, attorney, Bradley and Drendel, Ltd., Reno

*Two Insurer Representatives:*

Randall V. Capurro, Vice President, Layne and Associates, Ltd., Las Vegas

Frank R. Guisti, Jr., Legislative Chairman, Nevada Health Underwriters Association, Reno

*Two Health Care Provider Representatives:*

Charles Perry, Jr., Executive Director, Henderson Convalescent Hospital, Henderson

Janice C. Pine, Vice President of Community and Governmental Relations, St. Mary's Regional Medical Center, Reno

*Health Maintenance Organization Representative:*

Marie H. Soldo, Vice President of Government Affairs, Sierra Health Services, Las Vegas

*Nevada's Commissioner of Insurance:*

Teresa P. Froncek Rankin, J.D., C.P.C.U., Carson City

*Ex-officio, Nonvoting Member:*

Senator Randolph J. Townsend (R-Reno)

## Information and Support Services

Legislative Counsel Bureau staff services were provided by:

Kerry Carroll Davis, Senior Research Analyst (principal staff)  
Caren Jenkins, Senior Research Analyst  
Ellen R. Nelson, Senior Research Secretary

## Hearings and Proposals

The Technical Advisory Committee conducted six meetings. Initial hearings focused on developing a mail survey instrument with the committee's consultant, the Center for Business and Economic Research. The final meetings were convened to refine the analysis of the data and discuss possible legislative approaches to reduce Nevada's uninsured population. As required by statute, the findings of the survey, along with suggestions for legislative action, were reported to the Nevada Legislature's Committee on Health Care.

The TAC presented several proposals for the Committee on Health Care to consider as methods of increasing access to health insurance coverage for uninsured Nevadans. Most of these proposals were related to employer-based health insurance coverage or prevention and wellness initiatives.

## II. BACKGROUND INFORMATION CONCERNING THE UNINSURED POPULATION

While the United States can boast of one of the most highly sophisticated health care systems in the world, millions of Americans are unable to get basic health services at reasonable prices. Because they do not have adequate or affordable health insurance, uninsured persons are faced with financial ruin or delaying needed medical services until a crisis arises. With a growing number of Americans without health insurance and a swift national solution unlikely, state governments are focusing attention on their portion of the Nation's uninsured population.

Due to the diversity of the uninsured population and the complexity of issues associated with the access problem, no simple state solution has emerged. Instead, states often have attempted to combine a variety of programs and policies into a broader strategy that addresses the various needs of uninsured persons. Therefore, an accurate estimate of the

size and characteristics of the uninsured population is essential information for states formulating strategies that aim to increase access to health insurance.

### III. PROFILE OF THE UNINSURED

As the following statistics indicate, the number of estimated uninsured persons comprises a significant proportion of population in the U.S. and Nevada.

- Based on data from the U.S. Census Bureau's 1991 Current Population Survey (CPS), it is estimated that 35.7 million Americans (16.6 percent of people under 65 years old) do not have health insurance coverage.
- Analysis of the CPS indicates that over 200,000 (19.2 percent) of Nevadans under age 65 are uninsured.
- As highlighted in the following chart, Nevada ranks among the top one-fourth of states having the highest rates of uninsured persons.

Percentage and Number (000) Of Non-Elderly Without Health Insurance, 1990											
<u>Rank</u>	<u>State</u>	<u>Percent</u>	<u>Number</u>	<u>Rank</u>	<u>State</u>	<u>Percent</u>	<u>Number</u>	<u>Rank</u>	<u>State</u>	<u>Percent</u>	<u>Number</u>
1	New Mexico	26.4%	348	18	West Virginia	16.6%	258	34	Indiana	12.7%	604
2	Texas	24.1	3,618		United States	16.6	35,745	35	Kansas	12.6	273
3	Florida	22.9	2,445	19	Delaware	16.4	97	36	Pennsylvania	12.4	1,266
4	Mississippi	22.9	536	20	Montana	16.4	118	37	Ohio	12.1	1,151
5	Louisiana	22.5	804	21	North Carolina	16.2	892	38	New Jersey	11.9	800
6	Oklahoma	22.3	593	22	Maryland	16.0	661	39	New Hampshire	11.5	112
7	California	22.1	5,787	23	Tennessee	16.0	689	40	Massachusetts	11.1	559
8	Arkansas	21.1	436	24	Oregon	15.8	389	41	Vermont	11.1	55
9	Alabama	20.5	743	25	Kentucky	15.6	491	42	Michigan	11.0	895
10	Arizona	19.8	586	26	Missouri	14.6	680	43	Nebraska	10.3	142
** 11	Nevada	19.2	204	27	New York	14.4	2,250	44	Minnesota	10.2	394
12	South Carolina	18.9	564	28	Wyoming	14.4	60	45	Utah	10.2	160
13	Virginia	18.9	1,024	29	South Dakota	14.3	82	46	Iowa	9.8	233
14	Idaho	18.0	169	30	Rhode Island	13.9	111	47	Hawaii	9.2	82
15	Alaska	17.9	79	31	Washington	13.4	568	48	Wisconsin	8.6	350
16	Georgia	17.7	984	32	Illinois	13.2	1,352	49	Connecticut	8.5	238
17	Colorado	17.3	506	33	Maine	13.2	143	50	North Dakota	8.2	44

Source: Employee Benefit Research Institute, 1992.

### Who Are the Uninsured?

According to national studies, the people most likely to lack health insurance are:

- Individuals who work for smaller companies or are self-employed;
- Spouses and children who are not covered under employer-sponsored plans;
- Part-time workers;
- The unemployed;
- Low-income, two-parent families who do not qualify for Medicaid;
- People who have a medical condition such as cancer, diabetes, heart disease or AIDS;
- Students; and
- The homeless.

### Why Are They Uninsured?

Some reasons that uninsured persons do not have health care coverage include:

- They are not eligible for Medicaid, yet cannot afford insurance for themselves and/or their dependents;
- They work for a small employer that either cannot get health insurance or does not offer coverage to employees and/or dependents; or
- They have been rejected for health insurance coverage because of an expensive medical condition.

### Why Is the Issue of the Uninsured Important?

#### *Cost-Shifting*

All purchasers and providers of health care feel the impact of the uninsured problem. As the cost of caring for the uninsured increases, purchasers and providers in the system tend to shift the additional expenses onto the next buyer.

For example, hospitals and physicians set their fees higher for insured patients to cover the cost of charity care or inadequate government reimbursement. Similarly, insurers charge employers more to offer employee health plans. As a result of their increased costs, employers pass the burden of these additional expenses to the employee through higher premiums, deductibles, and/or copayments. These cost-shifting maneuvers ultimately drive the costs even higher and further limit access for the uninsured.

#### *State Government View of Access to Health Care*

State governments have long been involved in assuring that the health care needs of their most vulnerable citizens are met. One recurring philosophy contends that all people should have access to basic health care services. Health insurance is the major vehicle through which people can obtain these health care services. Without insurance, options to seek care are extremely limited.

#### *Higher Cost of Care for the Uninsured*

One widely held myth is that the uninsured do not receive any health care. The uninsured population generally does receive medical services, but these services are very costly to the patient or they are covered at public expense. When health services are rendered to persons without insurance, they often occur in high-cost, hospital-based settings, such as emergency rooms. In addition, the uninsured may delay seeking necessary medical attention which often results in a more serious illness that requires more expensive treatment.

### IV. SURVEY OF THE UNINSURED

In order to learn more about uninsured persons in Nevada, the Legislature directed the TAC to compile an accurate and current estimate of the size and characteristics of the State's uninsured population. An associated goal was to determine why these people are without health insurance coverage. Thus, the committee chose to survey a portion of the State's citizens to determine their health insurance status.

#### Development and Distribution of the Survey

On the advice of the TAC's consultant, the committee decided to utilize a mail survey. In terms of cost and feasibility, this type of survey was determined to be the

most appropriate. However, a small proportion of the "difficult to reach" recipients received a telephone survey to ensure a representative sample of the population.

The initial TAC meetings focused on developing the content and structure of the survey. The committee examined approaches taken by other states to provide access to health care for their uninsured populations. These approaches included: employer mandates, Medicaid expansions, risk pools, and insurance reforms. In addition, the members of the committee considered various mail and telephone surveys utilized by other states studying their uninsured populations as well as national surveys, such as the *National Medical Expenditure Survey* and the *Current Population Survey*.

When the design was finalized, the survey was mailed to 13,000 randomly selected households throughout the State. Three additional follow-up mailings were sent to these same households to increase the size and validity of the sample. Approximately 4,700 questionnaires were returned, resulting in a favorable return rate of 36 percent. The survey sample consisted of 8,878 adults, or approximately 1.89 adults per household.

As mentioned earlier, a telephone survey was conducted to encourage more balanced participation from "difficult to reach" groups. The telephone survey sample was comprised of 2,995 white, Hispanic and Afro-American adults, or nearly 2.14 adults per household.

### Survey Content

In addition to the data specified in S.B. 503, the survey gathered information about children and adults regarding:

- Ethnicity;
- Educational attainment levels;
- Respondent's occupation and size of employer's workforce;
- Type of insurance and benefits coverage (if insured);
- Satisfaction with health care services; and
- Opinions about access to health care.

## Major Findings of the Survey

### *General*

Results of the survey indicated that 261,042 Nevadans (19.4 percent of the State's population) are uninsured.

An uninsured Nevadan is most likely to:

- Be between the ages of 19 and 24;
- Have a household income of less than \$10,000;
- Be Hispanic or Black;
- Have a high school education or less; and
- Reside in the southern part of the State.

### *Age*

Young adults aged 19 to 24 years have the highest proportion of uninsured persons (40.2 percent). Adults aged 55 to 64 years have the lowest proportion of uninsured persons (15.6 percent). Children are more likely to be insured than working-aged adults.

### *Income*

As expected, the income group with the largest number of uninsured persons is composed of households with incomes of less than \$10,000 per year (20 percent). Over three-quarters of those uninsured are in households earning less than \$35,000 per year. According to the Center for Business and Economic Research, the median household income in Nevada is approximately \$35,000 annually.

### *Employment Status*

Although 32.7 percent of the uninsured are unemployed, 50 percent of the uninsured have permanent jobs. Employed persons without health insurance are most often found in service (22.2 percent), technical/trade (20.1 percent) and professional/managerial (16.4 percent) occupations.



### *Residence*

A majority of the uninsured reside in the south (Clark County - 62.9 percent) with smaller proportions in the north (Carson City, Douglas and Washoe Counties - 26.5 percent) and rural areas (remainder of the State - 10.6 percent).

### *Ethnic/Racial Background*

Within their respective ethnic/racial categories, Hispanic (29.6 percent) and Black (22.7 percent) groups have the highest rates of uninsured persons.

### *Other Additional Findings:*

- The primary reason why adults and children did not get medical care was cost.
- The most often cited reasons for not having health insurance coverage were:
  1. "Too expensive, can't afford";
  2. "Job doesn't offer coverage"; and
  3. "In between jobs or don't have job."
- The three most important health insurance features were the cost of monthly premiums, overall benefit coverage, and the ability to choose one's own physician. Maternity and vision coverage were ranked as least important.
- Regarding satisfaction with health care in Nevada, respondents were least satisfied with the total cost of health care, including individual expenses and insurance payments. Respondents were most satisfied with the travel distance to see a doctor and the ability to see a doctor when needed.
- A majority of the respondents believed that health insurance is the most important benefit that an employer can provide.
- Approximately 86 percent of respondents either strongly or somewhat agreed with supporting a health insurance program for all people in Nevada. However, 56.9 percent of respondents contended that State taxes should not be raised to increase access to health care for uninsured people.

For more detailed information on the results of the survey, the consultant's full report, entitled *Health Insurance Coverage of Nevadans*, is found in Appendix B.

## V. DISCUSSION OF PROPOSALS

In accordance with the directive of Senate Bill 503, the Technical Advisory Committee reported the survey results to the Legislature's Committee on Health Care. Although not directed to adopt "recommendations," the committee considered providing suggestions for legislative proposals as an appropriate action under its purview. These proposals address the following topics:

- Employer incentives to provide health insurance;
- Prevention/wellness services and insurance products for children;
- Basic health insurance coverage; and
- High-risk insurance pools.

Proposals numbered 2, 3, 5, and 8 in the following text were adopted (in similar form) as recommendations by the Committee on Health Care. Therefore, those four proposals were drafted into bills for consideration before the 1993 Legislative Session. Copies of bill drafts are available in Appendix B of the *Report Of The Legislative Committee On Health Care* (LCB Bulletin No. 93-14) or through the Publications Office in the Legislative Counsel Bureau.

### Employer Incentives to Provide Health Insurance

According to the Employee Benefit Research Institute (EBRI), employment is the most important determinant of health insurance coverage. Nationally, EBRI found that 64 percent of the nonelderly are covered by employment-based health insurance. Because the link between health insurance and employment is so strong, many states have attempted to expand access to health insurance coverage through employers.

In this regard, the committee's survey results indicated that a significant proportion of the uninsured Nevadans have ties to the workforce. Of the estimated 194,279 uninsured adults, approximately 121,790 persons are working (63 percent). In addition, over half of these working adults are

employed in permanent positions. As a result of the survey statistics in this area, the TAC focused most of its proposals on increasing access to health insurance for uninsured workers and their families.

Therefore, the committee proposed that the Legislative Committee on Health Care:

1. Direct the insurance industry to meet with employers to determine why some firms do not offer health insurance and to determine the incentives that would be necessary to stimulate these businesses to offer insurance.

Among different types of employers, small businesses have generally found it more difficult to offer health insurance coverage to employees and their dependents. According to a recent United States General Accounting Office (GAO) report, owners consistently cite cost as the chief reason they do not provide health insurance. The problem of escalating health care costs is especially acute for small businesses because employer profits and employee wages may be low. In Nevada, the survey confirmed that small businesses are lacking insurance. Nearly 60 percent of uninsured Nevadans with permanent jobs were employed by firms with less than 26 employees (approximately 52,449 adults).

In addition, small employers are not large enough to self-insure, and thus avoid the costs associated with premium taxes and State-mandated health benefits. As part of S.B. 503, which authorized this study of uninsured Nevadans, the Legislature also enabled insurers to develop "bare bones" policies for qualified small employers. In order to increase the affordability of such health plans, these policies were exempted from State-mandated benefits requirements. (See Senate Bill 503 in Appendix A.)

Based on this information, the TAC suggested that the Committee on Health Care:

2. Recommend that the Committee on Industrial Insurance and the appropriate standing committees in the Legislature develop incentives for Nevada employers to provide health insurance. Possible means for accomplishing this goal include: offering employer tax credits, allowing small employers to buy private workers' compensation insurance, and encouraging basic catastrophic policies to be sold and marketed to small employers - such as those authorized by S.B. 503. (See BDR 32-1065,

BDR 57-1066 and BDR 57-1064 in Appendix B of LCB Bulletin No. 93-14.)

As previously stated, the Legislature encouraged insurance companies to design less costly policies for small businesses through the enactment of S.B. 503. During the study, the TAC recognized the need to determine the effects of S.B. 503 on access to health insurance. However, the Commissioner of Insurance indicated that sufficient data on the S.B. 503 policies would not be available by the statutory evaluation dates. Thus, a report on the operation and effectiveness of the plans could only be completed at a later date.

Consequently, the committee suggested that the Committee on Health Care adopt the following recommendation:

3. **Extend the evaluation date for the small business insurance plans authorized by Senate Bill 503 from April 1993 to April 1994, and from April 1995 to April 1997. (See BDR S-1067, LCB Bulletin No. 93-14.)**

As stated in the GAO report, an important factor that drives up the cost of health insurance for some small employers is the inability to spread risk over a large number of people. Grouping similar small employers to obtain health insurance can help them overcome their disadvantages in the market.

Thus, the TAC proposed that the Committee on Health Care adopt the following recommendation:

4. **Encourage employers with similar characteristics to pool their collective risk to enable reductions in premiums, commonly referred to as Multiple Employer Welfare Arrangements (MEWAs).**

#### Prevention/Wellness Services and Insurance Products for Children

According to the U.S. Department of Health and Human Services, over 97 percent of the total U.S. health care dollars are spent on curative medicine and less than 3 percent is expended for prevention. In addition, the President's Council on Physical Fitness and Sports states that approximately 40 percent of U.S. children between the ages of 5 and 8 years already show signs of cardiac risk factors such as

obesity, elevated blood pressure, high cholesterol and physical inactivity.

Results of the study's survey indicated that 25 percent of Nevada's uninsured population (an estimated 66,763 persons) are children. Furthermore, the survey revealed the percentage of households covered by health insurance decreases in households with children and is lowest in households with children headed by a single adult. During committee discussion, the members concurred that educating children about preventive health practices and providing them access to basic, routine health care was cost-effective.

Therefore, the committee proposed that the Committee on Health Care adopt the following recommendations:

5. In general, invest health care resources in promoting and providing access to preventive and wellness services for children. (See BDR S-1086 and BDR 34-1087, LCB Bulletin No. 93-14.)
6. Encourage insurers, through incentives, to develop and market an inexpensive preventive health insurance product for children.

#### Basic Health Insurance Coverage

While the "bare bones" plans authorized by S.B. 503 have allowed some reduction in premiums for small businesses, a concern was raised by the TAC regarding the type of coverage provided in these policies. Although the new policies can be developed free from State-mandated benefits requirements, they have no minimum coverage stipulations. Without minimum benefits applied to the basic plans, the overall effect of these plans could be an increase in underinsured persons, with little positive impact on the uninsured population.

As a result, the TAC suggested that the Committee on Health Care:

7. Define "basic coverage" which must be offered by all insurers.

#### High-Risk Insurance Pool

Another group of individuals that generally cannot obtain health insurance includes "medically uninsurable" persons. These people are denied insurance at any price or are

offered coverage with extremely high premiums because of existing or previous medical conditions such as AIDS, heart disease, cancer or diabetes. According to the survey, 2 percent of adults who were without coverage during the past year have been refused insurance because of health reasons.

Members of the Technical Advisory Committee expressed both support and opposition to a high-risk insurance pool. Some members mentioned the high cost of establishing and maintaining the pool for a relatively small number of people. Others argued that many medically uninsurable persons are willing to pay for coverage, but the market is not willing to insure them. Without State action, those who need medical care and are uninsurable eventually must rely on State medical assistance to fund their care.

Consequently, the committee proposed that the Committee on Health Care adopt the following recommendation:

8. Create a high-risk insurance pool to increase access to health care for Nevada's medically uninsurable population. (See BDR 57-1068, LCB Bulletin No. 93-14.)

## VI. CONCLUSION

Despite the severe budgetary difficulties that most state governments have faced in recent years, the issue of improving access to health care for a growing number of uninsured residents has remained a major priority. In Nevada, the problem of making health insurance more available and affordable to those without it has been extensively discussed by past Legislatures. Without a doubt, the dilemma of uninsured persons will be an important issue debated by the 67th Session of the Nevada Legislature.

In terms of legislative action concerning the uninsured, the 1993 Session is distinguished from past Legislatures. This session, as a result of the study required by SB 503, legislators have current and comprehensive information on the size and characteristics of Nevada's uninsured population. The Technical Advisory Committee is confident that this study can provide the type of information that lawmakers need to develop an appropriate response to the lack of health insurance coverage in Nevada.

VII. APPENDICES

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APPENDIX A

SENATE BILL 503 (CHAPTER 648, *STATUTES OF NEVADA 1991*,  
PAGES 2152-2155)



## STATUTES OF NEVADA 1991

Senate Bill No. 503—Senators Rawson, O'Connell, Adler, Coffin, Getto, Glomb, Hickey, Horn, Jacobsen, Neal, Nevin, O'Donnell, Raggio, Rhoads, Shaffer, Smith, Titus, Tyler and Vergiels

### CHAPTER 648.

AN ACT relating to insurance; authorizing insurers to establish a plan of health insurance for small employers; establishing requirements concerning coverage provided by policies or contracts issued pursuant to the plan; requiring the University of Nevada System to conduct a study of persons who are not covered by health insurance; making an appropriation; and providing other matters properly relating thereto.

THE PEOPLE OF THE STATE OF NEVADA, REPRESENTED IN SENATE  
AND ASSEMBLY, DO ENACT AS FOLLOWS:

Section 1. Title 57 of NRS is hereby amended by adding thereto a new chapter to consist of the provisions set forth as sections 2 to 15, inclusive, of this act.

Sec. 2. As used in this chapter, unless the context otherwise requires:

1. "Employer" means a person who is self-employed or who operates a business that has fewer than 26 employees.

2. "Insurer" means a person authorized to issue a policy or contract of health insurance pursuant to chapter 689A, 689B, 695A, 695B or 695C of NRS.

3. "Plan of insurance" means a program under which policies or contracts of health insurance are issued pursuant to this chapter.

Sec. 3. 1. An insurer may not establish a plan of insurance pursuant to this chapter unless the commissioner has determined that the plan meets the requirements of this chapter and approves the issuance of policies or contracts pursuant to the plan.

2. The commissioner may adopt regulations necessary to carry out the provisions of this chapter.

Sec. 4. An insurer must not realize a net profit on the operation or administration of a plan of insurance. As used in this subsection, "profit" means any net operational gains for a plan of insurance that exceed expenses based upon statutory accounting.

Sec. 5. An insurer that establishes a plan of insurance pursuant to this chapter shall:

1. Establish an organization of preferred providers for the plan.

2. Negotiate rates of reimbursement for physicians and other providers of health care, including hospitals.

3. Administer the benefits provided by the plan using managed care, utilization review, prior authorization and other prudent measures to limit the cost of claims.

Sec. 6. 1. A policy or contract issued pursuant to a plan of insurance must state the benefits provided. The plan must offer basic benefits that provide for the payment of covered medical expenses on an expense incurred basis. The benefits must be designed to lower the cost of the coverage. The coverage may exclude benefits otherwise required pursuant to this Title.

2. An insurer must offer to an employer who is purchasing a policy or contract pursuant to the plan all coverages otherwise required by this Title that are not included in the basic policy. The additional coverages may be offered individually, collectively or in groups established by the insurer. The insurer must indicate to the employer the increase in the rate of premium that will result if an optional coverage or group of coverages is selected. If the employer does not specifically decline optional coverage, the coverage shall be deemed provided. The form for offering the coverage to the employer and for declination of the coverage must be approved by the commissioner.

Sec. 7. If an employer makes a misrepresentation to an insurer regarding his eligibility for a policy or contract pursuant to a plan of insurance and the insurer relies upon the misrepresentation to its detriment, the employer's policies or contracts of insurance are subject to cancellation. The policy or contract must include a provision that notifies the insured of the provisions of this section.

Sec. 8. An employer is eligible to participate in the plan of insurance if he provides the insurer with evidence on a form approved by the commissioner that he is the operator of a business that has fewer than 26 employees on the date the application for insurance is completed or is self-employed and, in either case, has been without health insurance for 6 months.

Sec. 9. An insurer shall submit reports to the commissioner concerning the operation of the plan. The commissioner shall determine the frequency, content and form of the reports.

Sec. 10. If an employer offers a plan of insurance for his employees, the employer shall pay at least 50 percent of the premium for the employees, excluding any premiums for coverage for the dependents of the employee.

Sec. 11. An agent, broker or other licensee enrolling a person or marketing coverages from the plan must not receive more than 2 percent of the total premium from such enrollment or marketing.

Sec. 12. 1. After the close of each calendar year, an insurer shall determine the net premiums, the expenses of administration and the incurred losses for the year, if any, taking into account investment income and other appropriate gains and losses, for all of the insurer's approved plans of insurance.

2. Any net profit from the plans of insurance must be reflected in the form of reduced premiums.

3. The premiums paid for a plan of insurance pursuant to this chapter are not subject to the premium tax imposed pursuant to chapter 680B of NRS.

4. As used in this section, "net premiums" means premiums less any allowances for administrative expenses.

Sec. 13. 1. The benefits offered by a plan of insurance are limited as follows:

(a) The annual maximum per enrollee is \$50,000.

(b) The lifetime maximum per enrollee is \$250,000.

(c) Coverage must exclude charges or expenses incurred during the first 6 months following the effective date of coverage as to any condition, which during the 6 months immediately preceding the effective date of coverage:

(1) Manifested itself in such a manner as would cause an ordinarily prudent person to seek diagnosis, care or treatment; or

(2) For which medical advice, care or treatment was recommended or received.

2. The insurer may waive the exclusion for a preexisting condition pursuant to subsection 2.

3. An insurer may medically underwrite or apply other standard underwriting guidelines to an employer or person insured who applies for coverage under the plan of insurance.

Sec. 14. Coverage by a plan of insurance must provide optional deductibles from \$200 to \$1,000 per person per annum. The provisions of NRS 689B.061 and 695B.185 apply to deductibles and copayments required by a plan of insurance.

Sec. 15. 1. Every policy or contract issued pursuant to a plan of insurance must contain a provision which reduces the insurer's liability because of benefits under other valid group coverage. To the extent authorized by the commissioner, such a provision may include subrogation.

2. An insurer has a cause of action against an eligible person for the recovery of the amount of benefits paid that are not covered expenses.

3. Benefits due under a plan of insurance must be reduced or refused as a set-off against any amount recoverable pursuant to this section.

Sec. 16. The commissioner of insurance shall report to the legislature on or before April 1, 1993, and April 1, 1995, concerning the plans of insurance established by this act, including the number of enrollees, premiums, profit and losses, consumer complaints and other relevant information concerning the operation and effectiveness of the plan.

Section 17. 1. The board of regents of the University of Nevada System shall direct a study within the system of persons in this state who are not covered by health insurance.

2. The study must:

(a) Determine the total number of persons in this state who are not covered by health insurance;

(b) Determine the reasons for the lack of insurance coverage;

(c) Classify the persons who are not covered by insurance by age, income, employment status, residence and any other classifications deemed relevant; and

(d) Address such other matters as required by the technical advisory committee.

3. The legislative commission shall appoint a technical advisory committee to coordinate and assist in the study conducted pursuant to this section. The legislative commission shall appoint to the committee:

(a) One member of the assembly;

(b) One member of the senate;

(c) Two representatives of insurers;

(d) Two representatives of providers of health care;

(e) One representative of health maintenance organizations;

(f) One representative of employers who must be an employer, as defined in section 2 of this act; and

(g) The commissioner of insurance.

4. The members of the technical advisory committee, other than the legislative members, serve without compensation.

5. The legislative members of the committee are entitled to receive out of the legislative fund the compensation provided for a majority of the members of the legislature during the first 60 days of the preceding session for each day or portion of a day of attendance at a meeting of the committee, and the per diem expense allowances provided for state officers and employees generally and the travel expenses provided pursuant to NRS 218.2207.

6. A report of the study must be prepared and presented to the legislative committee on health care on or before October 1, 1992.

Sec. 18. 1. There is hereby appropriated from the legislative fund to the University of Nevada System the sum of \$50,000 to conduct the study required by section 17 of this act. The money appropriated pursuant to this subsection must be paid from the fees collected for the support of the legislative committee on health care pursuant to NRS 449.465.

2. Any remaining balance of the appropriation made by subsection 1 must not be committed for expenditure after October 1, 1992, reverts to the legislative fund as soon as all payments of money committed have been made, and must be used for the support of the legislative committee on health care.

Sec. 19. This act becomes effective upon passage and approval. No policy may be issued pursuant to a plan of insurance authorized by this act before January 1, 1992.

APPENDIX B

*HEALTH INSURANCE COVERAGE OF NEVADANS*  
Prepared by the  
Center for Business and Economic Research  
University of Nevada, Las Vegas





# **Health Insurance Coverage of Nevadans**

**Prepared for**

**Technical Advisory Committee to Board of Regents'  
Study of Persons Not Covered by Health Insurance  
(S.B. 503, Chapter 648, *Statutes of Nevada 1991*)**

**Prepared by**

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**August 12, 1992**



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## Preface

Health care has emerged as a critical policy issue in Nevada. Yet, critical evaluation of reforms and innovative ways of financing and delivering health care services to address these needs often calls for information on the uninsured. This study is the first comprehensive and in-depth study of the number of Nevadans without health insurance coverage.

This study reports estimates on the number and composition of Nevadans' health insurance coverage. Not surprisingly, in 1992 about one out of five Nevadans less than 65 years of age are without health insurance coverage. Furthermore, coverage varies by segments within the population. Age, household income, race and ethnic origin are among different segments of Nevada's population which are described in the study. In addition, the study reports Nevadans' attitudes and opinions about key health issues.

The study was prepared by researchers of the Center for Business and Economic Research at the University of Nevada, Las Vegas. R. Keith Schwer served as the study's director. His responsibilities also included the drafting of the survey design and questionnaire, and the statistical analysis of the survey data. Rennae Daneshvary bore the responsibility of the analysis of the survey findings and the drafting of the report. Joe Barton supervised the questionnaire distribution and managed the data entry. Dan Rickman oversaw the completion of the estimates of the number of uninsured and the final review of the study. Suzanne Ulrich completed the tabulation of the uninsured numbers by characteristics. George Fussell, Robert Potts, and Tina Bejrananda generated the graphs presented in the study. Beverly Crane edited and oversaw the final draft and collation of the study.

We wish to acknowledge our debt to the members of the Technical Advisory Committee (Senator Raymond D. Rawson, Assemblyman Rick C. Bennett, Bill Bradley, Randall V. Capurro, Frank R. Guisti, Jr., Charles Perry, Janice C. Pine, Teresa P. Rankin, Marie H. Soldo, and Senator Randolph J. Townsend) for their contributions. Senator Ray Rawson provided skillful leadership in providing direction to this study. Kerry Carroll and Caren Jenkins of the Legislative Council Bureau facilitated our efforts.

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## EXECUTIVE SUMMARY

The Nevada State Legislature commissioned the Center for Business and Economic Research at the University of Nevada, Las Vegas, to conduct a state-wide investigation to determine the extent of residents' health care coverage and their attitudes and opinions about their health care. To ensure representation of all segments of Nevada's population, a questionnaire was mailed to residents throughout the state, followed by a telephone survey designed to encourage more balanced participation from difficult-to-reach segments such as minorities, specifically Afro-Americans and Hispanics. Data analysis of the two surveys was based on 4,693 households (mail survey) and 672, 376, and 353 white, Hispanic, and Afro-American households, respectively (telephone survey).

Approximately 19 percent of working age Nevadans (persons 19 to 65 years of age) have no health insurance coverage. However, the number of uninsured, as would be expected, varies by demographic characteristics. Survey findings indicate that an uninsured Nevadan is more likely to: 1) reside in the South than in the North or in rural areas, 2) be Hispanic or black, 3) have a household income of less than \$10,000, 4) have lower levels of education than the average Nevadan, and 5) be between the ages of 19 and 24. In addition, as a group, children are less likely to be uninsured than

are working age adults. Those under 6 years of age are slightly more likely to be uninsured than those between 6 and 18 years of age.

The most often cited reasons for non-health insurance coverage by respondents were "too expensive, can't afford," "job doesn't offer coverage," and "in between jobs or don't have job." Likewise, the number one reason for not getting medical care for adults and children in the household was "it cost too much."

Respondents' ratings of 11 health care insurance features show that costs, benefits, and the ability to choose were rated in order of importance as the top three. Maternity and vision coverage were ranked as the least important health insurance features.

Regarding satisfaction with health care in Nevada, respondents were the least satisfied with the cost of health care; whereas they expressed the most satisfaction with the travel distance to see a doctor and the ability to see a doctor whenever needed.

The uninsured and the insured respondents' opinions vary about access to health care. In general, however, the majority of the respondents believe that health insurance is the most important of the employee benefits

that employers can provide. Additionally, respondents support the government's role in monitoring and regulating the health care system.

Approximately 86 percent of the respondents either strongly or somewhat agreed to supporting a health insurance program for all people in the state of Nevada. Only a small percentage (6 percent) of the sample strongly disagreed. However, the percentage favoring government financing is less. Indeed, a majority, 56.9 percent of the respondents, disapprove of tax increases to make health care more accessible for uninsured people.





## I. INTRODUCTION

Who has health insurance coverage in Nevada? And who hasn't? Why does Nevada (a state which ranks 9th in per capita personal income) rate 11th nationally in the percent of uninsured residents (*U.S. Census, 1991: State; State Policy Reports*, 1992, p. 14)? Concerned Nevadans have estimated that perhaps over 20 percent of their neighbors do not have health insurance coverage ("Nevada Legislature Taking Health Insurance Survey," 1992, p. 2B). They want to know more about the uninsured population within the state.

Nevada's health care conditions echo the apprehension felt throughout the country about the growing number of uninsured Americans. Current national statistics reveal that as many as 1 in 7 people lack health care coverage. That's 35 million people (Pear, 1991, p. A18). To be sure this growing population of the uninsured can be attributed in part to rising unemployment caused by the national recession. But this at-risk group also includes a surprising number of middle-income families. In 1990, those families with \$50,000 or more annual income accounted for almost one-third of the increase in the uninsured while families earning \$25,000 annually accounted for an alarming three-fourths of the increase (Pear, 1991). For many of these otherwise prosperous Americans, health insurance premiums had become a burden. Increasing numbers of Americans find health

insurance coverage a serious problem. And when these families can't pay for medical problems such as catastrophic illness, these costs are passed along.

Because these national health care issues are the same ones that concern Nevadans, the state legislature has taken an active role in addressing health care access to all residents. In examining this issue, it commissioned a study by the University of Nevada System. The Center for Business and Economic Research at University of Nevada, Las Vegas, has participated in this study by conducting a state-wide investigation to determine the extent of residents' health care coverage and their attitudes and opinions about their health care.

The Center was especially concerned that all segments of Nevada's population be represented. Although the staff mailed an extensive, 10-page questionnaire to residents throughout the state, they were aware that especially hard-to-reach, often transient groups such as minorities often do not respond to or even receive these types of questionnaires (Pottick & Lerman, 1991). To encourage more balanced participation from these difficult-to-reach segments, phone interviews that were similar to but shorter in length than the mail questionnaires were conducted. Thus, a balanced research design focused on getting an estimate on the number of uninsured persons in Nevada.

The results of this state-wide representative sampling of responses about health care coverage are discussed in the following report. The first section presents estimates of the number of uninsured Nevadans. Then follows an in-depth statistical and narrative analysis of Nevadans' responses to questions about the extent, quality, and affordability of their health care coverage as well as their opinions about the current health care system locally and nationally. The specific methods used to develop and disseminate the mail and telephone questionnaires along with the respective household profiles are located in Appendices B, C, and D.

## II. ESTIMATES OF THE NUMBER OF UNINSURED NEVADANS

The proportion of uninsured persons in the United States has grown steadily during the last decade. To be sure, this trend portrays increasing health and financial risk. Yet, these trends may also overstate the risk people face since many health needs may be postponed. In a recent study it was found that 13.0 percent of all persons in the nation were uninsured during the fourth quarter of 1988 (Nelson & Short, 1986-88, pp. 4, 5, 9, 17). But only 4.3 percent of all persons remained uninsured over the previous 30 months. Furthermore, more than one out of four were without insurance at some point during this period. Thus, an increasing proportion of uninsured persons portends increasing risks, although this risk may not always be directly and simply correlated to the proportion of uninsured.

In spite of the trend toward increased numbers of uninsured, a majority of persons in all major demographic groups (defined in terms of age, sex, race and ethnic group, place of residence, and income) are insured at any time. Nevertheless, coverage varies widely. The most noteworthy variances are persons by age and income. Since the elderly are eligible for medicare, almost all elderly are covered. Only an estimated 0.3 percent of persons 64 years of age or more in the nation were uninsured during the fourth quarter of 1988 (Nelson & Short, 1986-88). On the other hand, young

adults (16-24 years of age) experience the highest uninsured rates (21.9 percent). Not surprisingly, young adults change jobs more frequently. As a result, they more frequently experience lapses in health insurance coverage. Slightly more than half of all persons at the lower end of the income categories (defined as a household income level of approximately \$13,400 for a family of four) experienced a lack of coverage during the period of February 1985 to August 1987 (Nelson & Short, 1986-88).

National studies of health insurance coverage also point to variation in coverage among the regions of the United States. Using four area definitions (Northeast, Midwest, South, and West), uninsured coverage varied between 8.3 percent in the Northeast to 17.1 percent in the South. In the West region 15.2 percent of all persons during late 1988 were not covered with health insurance.

But since California is so large relative to other thinly populated Western states such as Nevada and the region covers a large part of the country, these national statistics may not be representative. For example, Nevada is a state with a number of unique demographic characteristics; for example, the state has a larger than average military presence. Since the military is fully covered, this demographic characteristic would tend to lower the proportion of uninsured. On the other hand, Nevada is a growing state.

As noted above, young people frequently move to find new jobs. As a consequence, the state's large influx of new residents in the age categories where more are uninsured would increase the uninsured ratio. Thus, unique Nevada conditions suggest variance from the West region proportions of uninsured. The following discussion of Nevada's uninsured presents estimates of the number of uninsured adults by demographic characteristics. The number of uninsured children is presented by age and region.

#### Number of Uninsured Nevadans

The composition of Nevadans without insurance coverage is shown on the flow charts entitled "Uninsured Nevadans: 1992" and "Uninsured Nevadans: 1992."<sup>1</sup> The population for Nevada as of July 1, 1992, (an estimate provided by Maud Naroll, Nevada State Demographer) is 1,348,400. The number of adults under 65 years of age is estimated to be 868,140.

#### Demographic Characteristics of Working Age Population

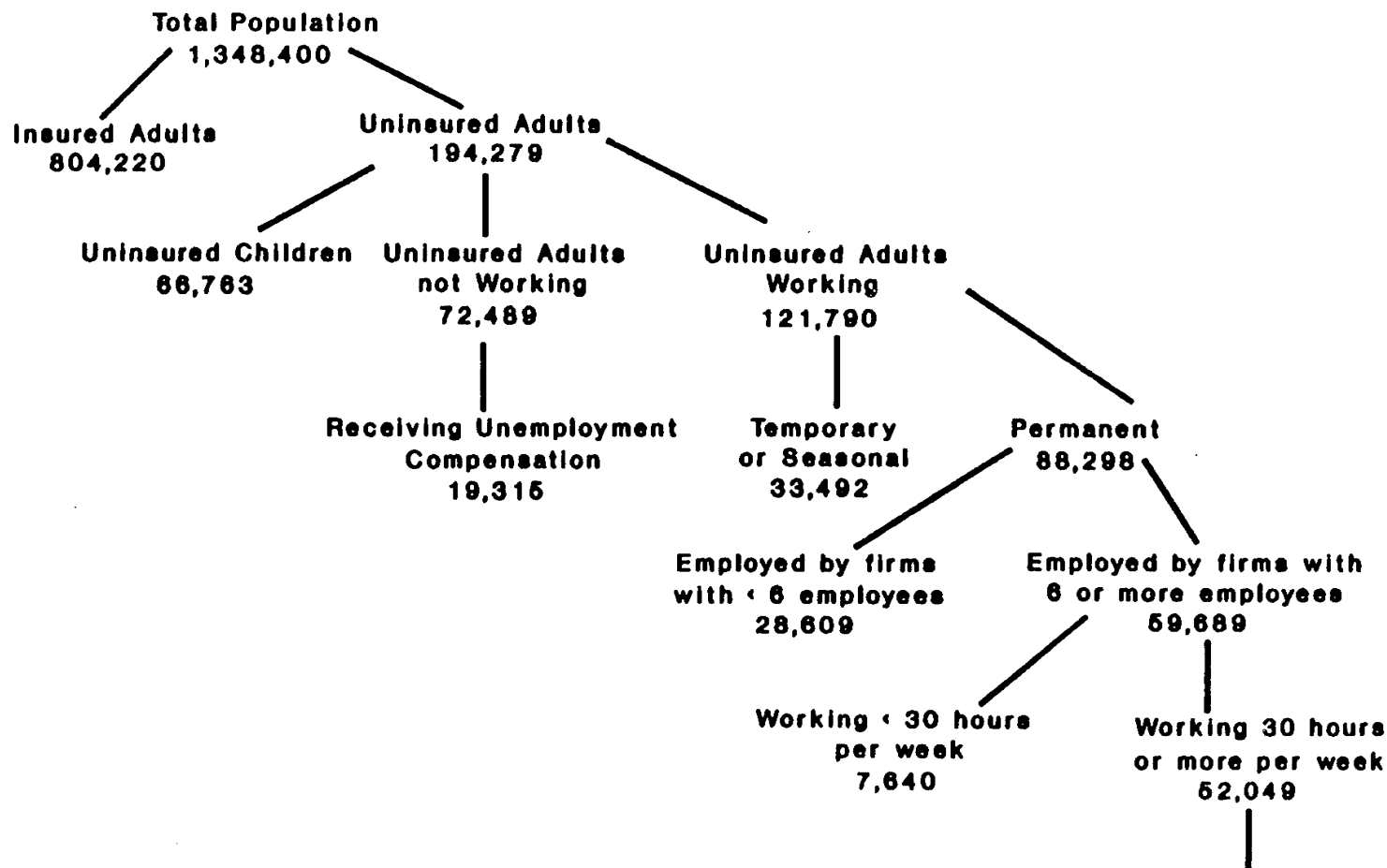
##### AGE

As a group, young adults between the ages of 19 and 24 have less access to employment-related coverage. However, those enrolled in school full-time may be covered by the insurance of their parents. In Nevada, 40.2

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<sup>1</sup> Flow Chart 1 diagrams information about unemployed Nevadans in firms of 6 or less employees while Flow Chart 2 provides numbers about the unemployed in firms of 26 or more.

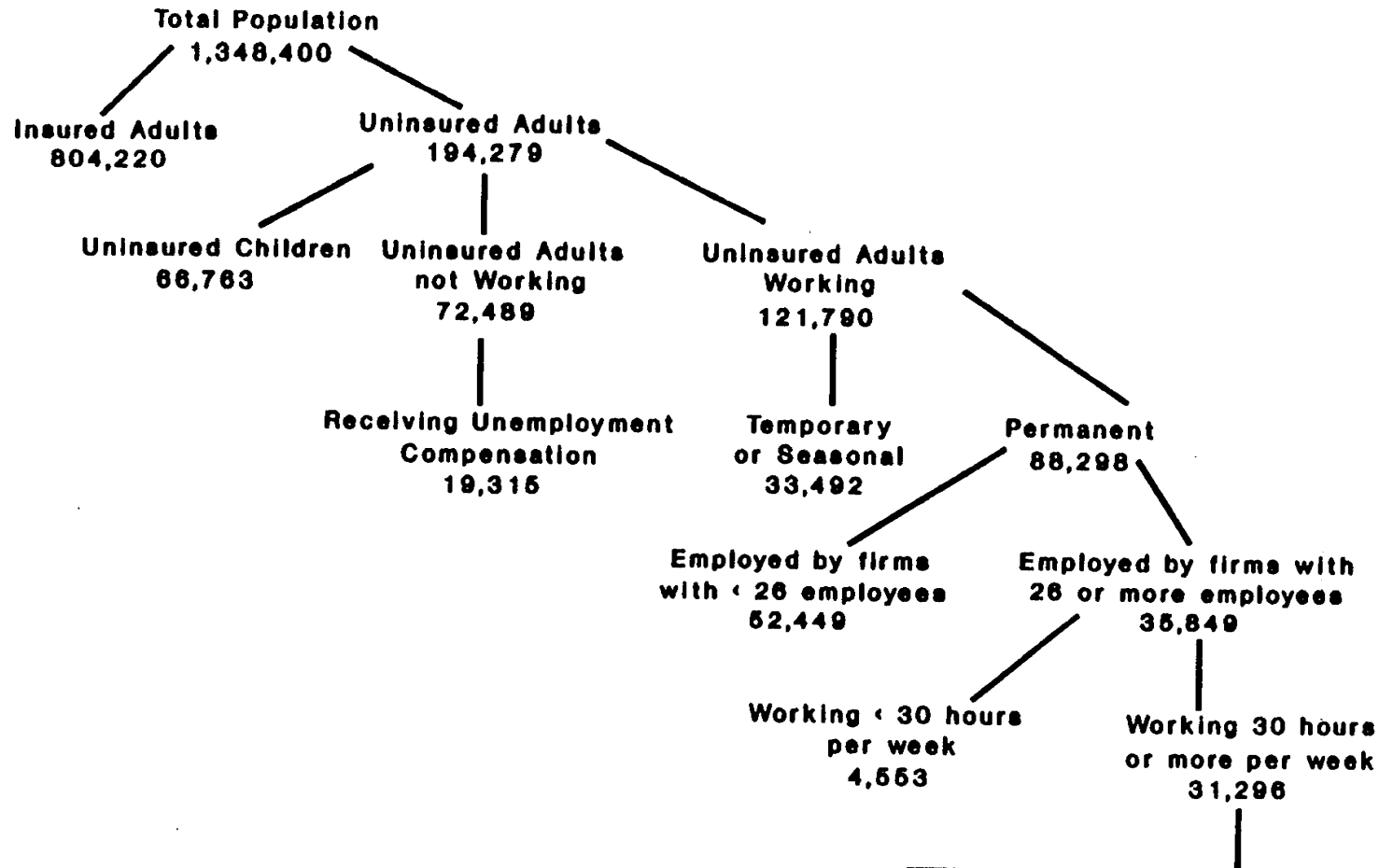
# UNINSURED NEVADANS: 1992



Source:  
 \*Study of Persons Not Covered by Health Insurance  
 (Senate Bill 503, Chapter 648, Statutes of Nevada  
 1991, pages 2152 - 2155), June 1992\*

Total Population covered by health insurance	1,082,514 (80.6%)
Total Population not covered by health insurance	261,042 (19.4%)

# UNINSURED NEVADANS: 1992



Source:  
 "Study of Persons Not Covered by Health Insurance  
 (Senate Bill 503, Chapter 648, Statutes of Nevada  
 1991, pages 2152 - 2156), June 1992"

Total Population covered by health insurance	1,082,614 (80.6%)
Total Population not covered by health insurance	261,042 (19.4%)



percent of adults between the ages of 19 and 24 are uninsured (using Table 1 and state population estimates). Over 50 percent of those uninsured in this age group have permanent employment, and 23.3 percent have temporary or seasonal employment. In relation to occupation, 28.3 percent of the uninsured young adults work in the service sector (see Table 2). Only 7.8 percent are students. Also, 26.3 percent have lived in Nevada five years or less (see Table 3) and 57.1 percent live in a house (see Table 4).

Of adults between the ages of 25 and 54, 21.1 percent are uninsured. Slightly over 50 percent had permanent jobs, but 33.3 percent are unemployed. Most of the uninsured work in services (21.1 percent), technical/trades (21.8 percent) and professional/managerial (18.5 percent) occupations. However, only 3.8 percent of the uninsured in this age group have college educations (see Table 5). Similar to the 19 to 24 age group, 31.7 percent have lived in Nevada five years or less, and 56.9 percent live in a house.

Because of more retirees, employment-related coverage for adults aged 55 to 64 declines. However, of the working-age adults, they are the least often uninsured (15.6 percent). Retirees comprise 24.8 percent of the uninsured and 40.7 percent have permanent jobs. Those in this age group are more likely to purchase private insurance outside employment groups

Table 1  
Number of Uninsured Nevadans by Region,  
Age, and Employment Type:  
S T U D Y   F I N D I N G S

Region	Age	Employment Type				Total
		Temporary	Seasonal	Permanent	Unemployed	
SOUTH	19 to 24	5,147	677	14,678	8,912	29,414
	25 to 54	6,719	3,768	43,303	28,145	81,935
	55 to 64	<u>1,554</u>	<u>437</u>	<u>3,961</u>	<u>4,990</u>	<u>10,942</u>
		13,420	4,882	61,942	42,047	122,291
NORTH	19 to 24	2,080	820	6,034	1,311	10,245
	25 to 54	3,916	2,864	18,564	10,914	36,258
	55 to 64	<u>143</u>	<u>339</u>	<u>2,561</u>	<u>1,877</u>	<u>4,920</u>
		6,139	4,023	27,159	14,102	51,423
RURAL	19 to 24	1,010	409	1,255	1,255	3,929
	25 to 54	1,509	1,620	5,843	4,874	13,846
	55 to 64	<u>243</u>	<u>170</u>	<u>1,085</u>	<u>1,292</u>	<u>2,790</u>
		2,762	2,199	8,183	7,421	20,565
ALL OF STATE	19 to 24	8,237	1,906	21,967	11,478	43,588
	25 to 54	12,144	8,252	67,710	43,933	132,039
	55 to 64	<u>1,940</u>	<u>946</u>	<u>7,607</u>	<u>8,159</u>	<u>18,652</u>
TOTALS		22,321	11,104	97,284	63,570	194,279

Source: "Study of Persons Not Covered by Health Insurance (Senate Bill 503, Chapter 648, Statutes of Nevada 1991 pages 2152-2155), June 1992"

Table 2  
Number of Uninsured Nevadans by Region, Age, and  
Primary Occupation of Householder

Region	Age	Home Maker	Mining & Agri	Prof. & Mgrl	Public	Sales	Service	Tech & Trade	Hotel Mgt	Hotel Fd&Bev	Hotel Gaming	Hotel Security	Total
SOUTH	19 to 24	1,794	441	3,383	735	5,530	8,089	4,030	0	5,030	0	382	29,414
	25 to 54	8,849	1,557	13,519	1,147	10,897	18,435	18,109	3,441	1,966	2,704	1,311	81,935
	55 to 64	<u>2,435</u>	<u>230</u>	<u>1,581</u>	<u>0</u>	<u>1,433</u>	<u>1,849</u>	<u>2,407</u>	<u>547</u>	<u>0</u>	<u>230</u>	<u>230</u>	<u>10,942</u>
		13,078	2,228	18,483	1,882	17,860	28,373	24,546	3,988	6,996	2,934	1,923	122,291
NORTH	19 to 24	102	0	820	236	1,921	3,888	1,993	92	947	246	0	10,245
	25 to 54	3,990	399	9,485	798	3,803	6,450	7,672	798	1,957	725	181	36,258
	55 to 64	<u>1,142</u>	<u>59</u>	<u>969</u>	<u>0</u>	<u>458</u>	<u>969</u>	<u>654</u>	<u>226</u>	<u>123</u>	<u>320</u>	<u>0</u>	<u>4,920</u>
		5,234	458	11,274	1,034	6,182	11,307	10,319	1,116	3,027	1,291	181	51,423
RURAL	19 to 24	338	212	338	978	358	389	817	90	409	0	0	3,929
	25 to 54	2,105	2,008	1,483	388	914	2,913	2,955	208	429	388	55	13,846
	55 to 64	<u>780</u>	<u>618</u>	<u>227</u>	<u>212</u>	<u>61</u>	<u>201</u>	<u>349</u>	<u>61</u>	<u>61</u>	<u>220</u>	<u>0</u>	<u>2,790</u>
		3,223	2,838	2,048	1,578	1,333	3,503	4,121	359	899	608	55	20,565
ALL OF STATE	19 to 24	2,234	653	4,541	1,949	7,809	12,366	6,840	182	6,386	246	382	43,588
	25 to 54	14,944	3,964	24,487	2,333	15,614	27,798	28,736	4,447	4,352	3,817	1,547	132,039
	55 to 64	<u>4,357</u>	<u>907</u>	<u>2,777</u>	<u>212</u>	<u>1,952</u>	<u>3,019</u>	<u>3,410</u>	<u>834</u>	<u>184</u>	<u>770</u>	<u>230</u>	<u>18,652</u>
		21,535	5,524	31,805	4,494	25,375	43,183	38,986	5,463	10,922	4,833	2,159	194,279
TOTALS		21,535	5,524	31,805	4,494	25,375	43,183	38,986	5,463	10,922	4,833	2,159	194,279

Source: "Study of Persons Not Covered by Health Insurance (Senate Bill 503, Chapter 648, Statutes of Nevada 1991 pages 2152-2155), June 1992"

**Table 3**  
**Number of Uninsured Nevadans by Region,**  
**Age, and Years Lived in Nevada**

Region	Age	Years Lived in Nevada					Total
		LT 1	1 to 5	6 to 10	11 to 20	MT 20	
SOUTH	19 to 24	382	8,768	3,295	5,142	11,827	29,414
	25 to 54	4,998	22,876	11,717	16,420	25,924	81,935
	55 to 64	<u>794</u>	<u>2,446</u>	<u>1,280</u>	<u>1,520</u>	<u>4,902</u>	<u>10,942</u>
		6,174	34,090	16,292	23,082	42,653	122,291
NORTH	19 to 24	410	1,393	1,291	2,669	4,482	10,245
	25 to 54	1,523	9,391	5,220	8,104	12,020	36,258
	55 to 64	<u>123</u>	<u>1,343</u>	<u>1,085</u>	<u>753</u>	<u>1,616</u>	<u>4,920</u>
		2,056	12,127	7,596	11,526	18,118	51,423
RURAL	19 to 24	0	491	735	1,065	1,638	3,929
	25 to 54	678	2,326	2,063	2,935	5,844	13,846
	55 to 64	<u>73</u>	<u>73</u>	<u>267</u>	<u>766</u>	<u>1,611</u>	<u>2,790</u>
		751	2,890	3,065	4,766	9,093	20,565
ALL OF STATE	19 to 24	792	10,652	5,321	8,876	17,947	43,588
	25 to 54	7,199	34,593	19,000	27,459	43,788	132,039
	55 to 64	<u>990</u>	<u>3,862</u>	<u>2,632</u>	<u>3,039</u>	<u>8,129</u>	<u>18,652</u>
TOTALS		8,981	49,107	26,953	39,374	69,864	194,279

Source: "Study of Persons Not Covered by Health Insurance (Senate Bill 503, Chapter 648, Statutes of Nevada 1991 pages 2152-2155), June 1992"

**Table 4**  
**Number of Uninsured Nevadans by Region,**  
**Age and Type of Dwelling**

Region	Age	Type of Dwelling						Total
		House	Apartment	Condominium	Mobile Homes	Duplex	Other	
SOUTH	19 to 24	17,354	8,088	824	2,383	765	0	29,414
	25 to 54	49,284	20,279	4,916	6,473	737	246	81,935
	55 to 64	<u>7,330</u>	<u>1,139</u>	<u>777</u>	<u>1,477</u>	<u>0</u>	<u>219</u>	<u>10,942</u>
		73,968	29,506	6,517	10,333	1,502	465	122,291
NORTH	19 to 24	5,225	3,002	789	850	379	0	10,245
	25 to 54	18,020	8,992	1,197	6,019	2,030	0	36,258
	55 to 64	<u>2,473</u>	<u>878</u>	<u>251</u>	<u>831</u>	<u>339</u>	<u>148</u>	<u>4,920</u>
		25,718	12,872	2,237	7,700	2,748	148	51,423
RURAL	19 to 24	2,316	287	0	1,326	0	0	3,929
	25 to 54	7,871	706	111	4,383	235	540	13,846
	55 to 64	<u>1,504</u>	<u>86</u>	<u>0</u>	<u>893</u>	<u>162</u>	<u>145</u>	<u>2,790</u>
		11,691	1,079	111	6,602	397	685	20,565
ALL OF STATE	19 to 24	24,895	11,377	1,613	4,559	1,144	0	43,588
	25 to 54	75,175	29,977	6,224	16,875	3,002	786	132,039
	55 to 64	<u>11,307</u>	<u>2,103</u>	<u>1,028</u>	<u>3,201</u>	<u>501</u>	<u>512</u>	<u>18,652</u>
	TOTALS	111,377	43,457	8,865	24,635	4,647	1,298	194,279

Source: "Study of Persons Not Covered by Health Insurance (Senate Bill 503, Chap. 648, Statutes of Nevada 1991  
pages 2152-2155), June 1992"

**Table 5**  
**Number of Uninsured Nevadans by Region,**  
**Age, and Education**

Region	Age	Some High School	High School	Some College	College	Graduate Studies	Total
SOUTH	19 to 24	7,030	11,339	10,692	353	0	29,414
	25 to 54	13,110	30,152	28,431	7,784	2,458	81,935
	55 to 64	<u>2,943</u>	<u>5,050</u>	<u>2,413</u>	<u>175</u>	<u>361</u>	<u>10,942</u>
		23,083	46,541	41,536	8,312	2,819	122,291
NORTH	19 to 24	1,690	4,149	3,248	1,076	82	10,245
	25 to 54	5,257	10,950	13,089	5,294	1,668	36,258
	55 to 64	<u>886</u>	<u>1,687</u>	<u>1,412</u>	<u>659</u>	<u>276</u>	<u>4,920</u>
		7,833	16,786	17,749	7,029	2,026	51,423
RURAL	19 to 24	711	1,361	1,625	232	0	3,929
	25 to 54	2,672	5,511	4,085	1,412	166	13,846
	55 to 64	<u>853</u>	<u>1,201</u>	<u>410</u>	<u>234</u>	<u>92</u>	<u>2,790</u>
		4,236	8,073	6,120	1,878		20,565
ALL OF STATE	19 to 24	9,431	16,849	15,565	1,661	82	43,588
	25 to 54	21,039	46,613	45,605	14,490	4,292	132,039
	55 to 64	<u>4,682</u>	<u>7,938</u>	<u>4,235</u>	<u>1,068</u>	<u>729</u>	<u>18,652</u>
	TOTALS	35,152	71,400	65,405	17,219	5,103	194,279

Source: "Study of Persons Not Covered by Health Insurance (Senate Bill 503, Chapter 648, Statutes of Nevada 1991  
pages 2152-2155), June 1992"

than any other age group. The percentage of those with annual incomes less than \$10,000 is 23.3 percent, which is more than that for 19 to 24 year olds (15.0 percent) and 25 to 54 year olds (21.2 percent)(see Table 6). Consistent with the other age groups, 26.0 percent have lived in Nevada five years or less, and 60.6 percent live in a house.

### ETHNIC/RACIAL BACKGROUND

The breakdown of the uninsured by ethnicity is based on the telephone surveys. Minority groups are less likely to be underrepresented in a telephone survey than a mail survey.

Both Hispanic (29.6 percent) and blacks (25.8 percent) were more likely to be uninsured than the average (22.7 percent) (using Table 7 and 1992 state population estimates). Of the remaining ethnic groups, white, and Asians were most likely to be covered.

### PLACE OF RESIDENCE/DWELLING

Regions of Nevada are classified into the urban areas in the North and the South, and the rest of the state (rural areas). The proportions of the uninsured that reside in the South, North, and rural areas are 62.9, 26.5, and 10.6 percent, respectively (see Table 4). Also 57.3 percent of the uninsured

Table 6  
Number of Uninsured Nevadans by Region,  
Age, and Household Income

Region	Age	Income in Thousands								Total
		LT \$10	\$10-\$15	\$15-\$20	\$20-\$25	\$25-\$30	\$35-\$50	\$50-\$75	MT \$75	
SOUTH	19 to 24	4,177	4,177	5,295	2,294	2,294	4,647	5,677	853	29,414
	25 to 54	14,380	10,570	10,201	12,290	16,960	9,914	4,916	2,704	81,935
	55 to 64	<u>2,850</u>	<u>1,773</u>	<u>1,335</u>	<u>1,844</u>	<u>963</u>	<u>1,696</u>	<u>317</u>	<u>164</u>	<u>10,942</u>
		21,407	16,520	16,831	16,428	20,217	16,257	10,910	3,721	122,291
NORTH	19 to 24	1,516	881	1,004	1,527	1,486	2,191	1,199	441	10,245
	25 to 54	9,028	5,693	4,206	3,843	5,330	5,076	2,502	580	36,258
	55 to 64	<u>585</u>	<u>512</u>	<u>1,237</u>	<u>1,085</u>	<u>861</u>	<u>315</u>	<u>325</u>	<u>0</u>	<u>4,920</u>
		11,129	7,086	6,447	6,455	7,677	7,582	4,026	1,021	51,423
RURAL	19 to 24	832	898	361	263	652	393	373	157	3,929
	25 to 54	4,541	1,315	1,981	1,911	1,745	1,675	678	0	13,846
	55 to 64	<u>914</u>	<u>492</u>	<u>396</u>	<u>215</u>	<u>324</u>	<u>346</u>	<u>103</u>	<u>0</u>	<u>2,790</u>
		6,287	2,705	2,738	2,389	2,721	2,414	1,154	157	20,565
ALL OF STATE	19 to 24	6,525	5,956	6,660	4,084	4,432	7,231	7,249	1,451	43,588
	25 to 54	27,949	17,578	16,388	18,044	24,035	16,665	8,096	3,284	132,039
	55 to 64	4,349	2,777	2,968	3,144	2,148	2,357	745	164	18,652
TOTALS		38,823	26,311	26,016	25,272	30,615	26,253	16,090	4,899	194,279

Source: "Study of Persons Not Covered by Health Insurance (Senate Bill 503, Chapter 648, Statutes of Nevada 1991 pages 2152-2155), June 1992"



**Table 7**  
**Number of Uninsured Nevadans by Region**  
**and Racial or Ethnic Group**

Region	Black	White	All Groups	Hispanic
SOUTH	20,746	101,545	122,291	26,696
NORTH	1,871	49,552	51,423	8,926
RURAL	<u>455</u>	<u>20,110</u>	<u>20,565</u>	<u>4,441</u>
STATE	23,072	171,207	194,279	40,063

Source: "Study of Persons Not Covered by Health Insurance (Senate Bill 503, Chapter 648,  
Statutes of Nevada 1991 pages 2152-2155), June 1992"

live in a house with 22.4 percent living in apartments and 12.7 percent living in mobile homes.

### EMPLOYMENT CHARACTERISTICS

Though 32.7 percent of the uninsured are unemployed, 50.0 percent have permanent jobs (see Table 1). Professional/managerial occupations account for 16.4 percent of the uninsured while the service sector occupations, technical/trade occupations, and sales occupations account for 22.2, 20.1, and 13.1 percent of the uninsured, respectively (see Table 2).

### INCOME

As would be expected, the largest income group uninsured are those with a household income of less than \$10,000 (20.0 percent) (see Table 6). Though this income group does not correspond directly to the U.S. Government definition of poverty (which includes other considerations such as the size of the family), it is indicative of the prevalence of the lack of health care coverage for those with less income. The proportion of the uninsured comprised of those earning less than \$35,000 annually (approximately the median Nevada household income) is 75.7 percent.

### EDUCATION

Since education is increasingly related to income level, it is not

surprising that those with lower levels of education are more likely to be uninsured. Most of the uninsured had a high school education (36.8 percent) or less (18.1 percent) (see Table 5). College graduates only accounted for 11.5 percent of the uninsured.

### Uninsured Children

As a group, children are covered by insurance at a rate (19.1 percent) greater than that of working age adults (using to Table 8 below and state population estimates). Those under 6 years of age are slightly more likely to be uninsured (19.5 percent) than those between 6 and 18 years of age (18.9 percent). Regionally, those under 6 in the North and between 6 and 18 in the rural areas are more likely to be uninsured.

**TABLE 8**  
Number of Uninsured Children  
by Region

	North	South	Rural	Total
Less than 6	6830	14,350	2921	24,101
6 to 18	9018	27,089	6555	42,662
Total	15,848	41,439	9476	66,763

### Duration of Uninsurance

Since health insurance coverage depends on household characteristics such as employment, retirement, and program participation, health insurance coverage changes over time. For example, the 1991-1992 national business recession has resulted in increased unemployment both nationally and in Nevada. As a result, Nevada households are more likely to experience lapses in coverage during the sample period than in periods of economic expansion.

In the household mail questionnaire, we asked about household coverage in the following terms:

1. Were all members of the household covered by health insurance during the past year?
2. Are all members of the household currently covered by health insurance?
3. Were all members covered during the preceding 3 months?
4. Were all members covered during the preceding 6 months?
5. Were all members covered during the preceding 9 months?

### Coverage During Past Year

The survey response to the first question (all household members insured during the past year) yields the highest percentage of responses which are uninsured. In our survey of all households from the sampling frame of

the state's population which is not residing in grouped quarters (the non-institutional population base), we find 28.8 percent of households had at least one member without health insurance coverage at some time during the past year.

#### Current Coverage

On the other hand, we find a smaller percentage of the state's households currently without health insurance. In this case, 26.6 percent of the households have at least one household member without coverage.

#### Uninsured Coverage Over Time

The difference in the coverage rates between the first two questions varies by 2.2 percent, which suggests that household members change health insurance coverage as their employment and insurance participation changes. Yet, the percentage of households which have had at least one member uncovered for some time (as suggested by the response rates to the last three questions) is in excess of 18 percent. These percentages were 20.8, 18, and 18. Thus, the findings suggest that about one out of five households experienced a lack of health insurance coverage over an extended period of time.

### Coverage by Type of Household

The percentage distribution of households by current health insurance coverage for all members by type of household category is summarized in Table 9 below. Approximately 72 percent of the households with children have current health insurance for all members. The percentage of households covered by income decreases in households with children and single adults. Particularly noteworthy is the smaller percentage of coverage for households headed by a single adult (62.8 percent).

**TABLE 9**

**Percentage Distribution of Households by  
Current Health Insurance Coverage for All Members  
by Type of Household Category**

Household Category	<u>Current Health Insurance for All Members</u>		All Households
	Yes	No	
All Households	78.5	21.5	100.0
Households with Children	71.7	28.3	35.2
Households with Children and Single Adult	62.8	37.2	3.4

### Weighting

The process of using sample results to generate estimates for the state required a weighting scheme (see Appendix C: Significance of Factors Affecting Coverage). Since it has been established that income is the primary determinant of health insurance coverage and recent baseline information for other population characteristics were not available on a cross-tabulated basis, we used the 1990 Census distribution of household income.<sup>2</sup> Income distributions are currently available for Nevada counties. As a consequence, we were able to aggregate these distributions to match the state's three regions used in this study. Each survey's characteristic was weighted for each region. Summing the regions' values yielded the state totals.

In those cases in which regional and state characteristics were cross-classified, we used the associated percentages from the weighted findings to apply to distributions associated with the number of persons by age. The use of a two-step procedure became necessary because Census cross-classification tables were not available. Furthermore, the age distribution has been another key factor in explaining variation in health insurance coverage.

Additional adjustments for population changes were made since Nevada is one of the faster growing states. We used the latest estimated

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<sup>2</sup> The information was reported under STF1 Census files for Nevada.

population for Nevada for 1992. Interpretations were needed for estimating population as of July 1, 1992.

In the case of estimates of the number of uninsured by race and ethnicity, the findings of the telephone survey were used. The telephone proved to be a more inviting means for blacks and Hispanics. Yet, a couple of cells, that is, cross-tabulated demographic characteristics proved troublesome to interpret. The profiles from the telephone surveys did not exhibit such characteristics. As a consequence, uninsured estimates by race and ethnicity were estimated using telephone survey findings. Otherwise, we relied on the mail survey findings which were more robust statistically than the telephone survey.



### III. HEALTH INSURANCE COVERAGE OF ADULTS

To assess health insurance coverage of Nevada adults, two topics were addressed: (1) percentage of insured adults and (2) characteristics of health insurance coverage.

#### Characteristics of Insurance Coverage of Adults Covered During the Past Year

Adults who had been covered by insurance at some time during the past year were asked to identify characteristics of their health insurance coverage. About 42 percent of the insured adults are covered through their work or union--30.9 percent through the employee's own work or union and 11 percent through someone else's. Approximately 15 percent of these adults had a choice of health care insurance plans provided by their employer. Approximately 10 percent of the adults bought health insurance directly for themselves or for their family. And, a small percentage (0.7) of the adults received county assistance. For additional information on health insurance coverage, refer to Table 10.

# Table 10

## Characteristics of Insurance Coverage of Adults

	Percent
<u>Source</u>	
Health insurance provided through your work or union	30.9%
Health insurance provided through someone's work or union	11.0
Health insurance bought directly by yourself or your family	10.4
Medicare	10.4
Medicaid	1.8
Champus, Campva	3.2
County Assistance	0.7
<u>Other characteristics:</u>	
Had a choice of health care insurance plans provided by employer	14.6
Dental coverage	27.4
Vision coverage	20.5

Source:

\*Study of Persons Not Covered by Health Insurance  
(Senate Bill 503, Chapter 648, Statutes of Nevada  
1991, pages 2152 - 2155), June 1992\*

#### **IV. HEALTH STATUS AND INSURANCE COVERAGE OF NEVADA CHILDREN**

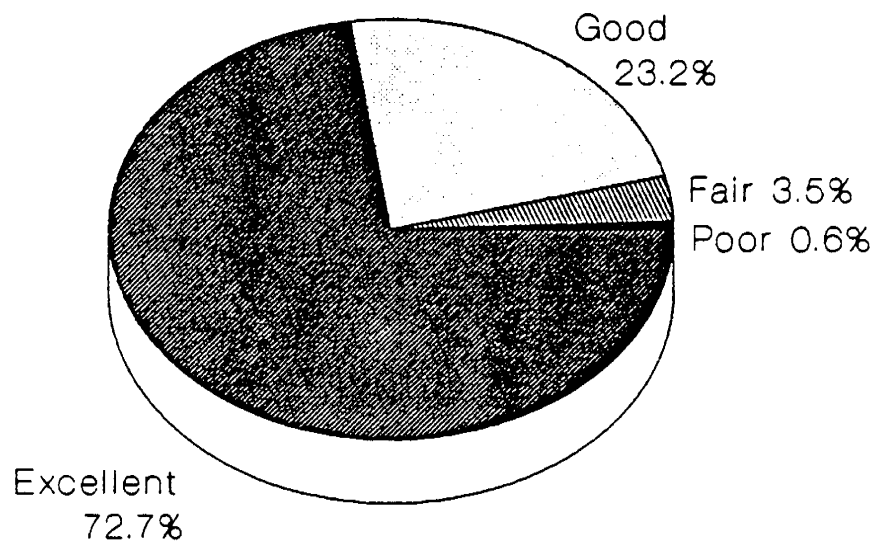
This section discusses three major areas regarding children's health care: (1) health care needs, (2) health insurance coverage, and (3) health care denial. These findings reflect the observations of household members and not necessarily of a person(s) trained in health care.

##### **Health Care Needs**

An overwhelming majority (72.7 percent) of the children in Nevada appear to be in excellent health. For further detail on the frequency of responses to "overall health" of children, refer to Figure 1. Only a small percentage (4.9 percent) of the children are identified as having limited physical activity because of their health. Additionally, about 19 and 1 percents of the children need or wear glasses and a hearing aid, respectively.

In regards to the immunization history of the children, 93.7 and 91 percents of the children have been immunized for DPT (Diphtheria, Polio, Tetanus), and MMR (Measles, Mumps, Rubella), respectively (see Figures 2 and 3). When asked why their child had not been immunized, the reasons mentioned the most often (fragmentary as the results are given the small number of responses) were ones other than religious beliefs.

**Figure 1**  
**Overall Health of Children**  
**in Household**

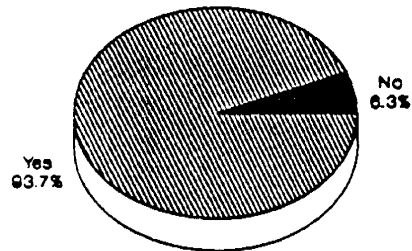


**Data is subjective since it is  
a perception of the respondent.**

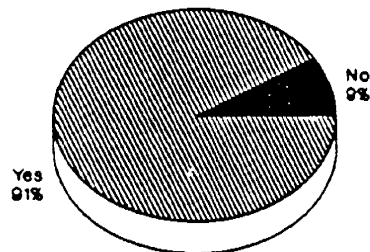
Source:

\*Study of Persons Not Covered by Health Insurance  
(Senate Bill 503, Chapter 648, Statutes of Nevada  
1991, pages 2152 - 2155), June 1992\*

**Figure 2**  
**Percentage of Children in Household**  
**Immunized for DPT**



**Figure 3**  
**Percentage of Children in Household**  
**Immunized for MMR**



Source:

\*Study of Persons Not Covered by Health Insurance  
(Senate Bill 503, Chapter 648, Statutes of Nevada  
1991, pages 2152 - 2155), June 1992\*

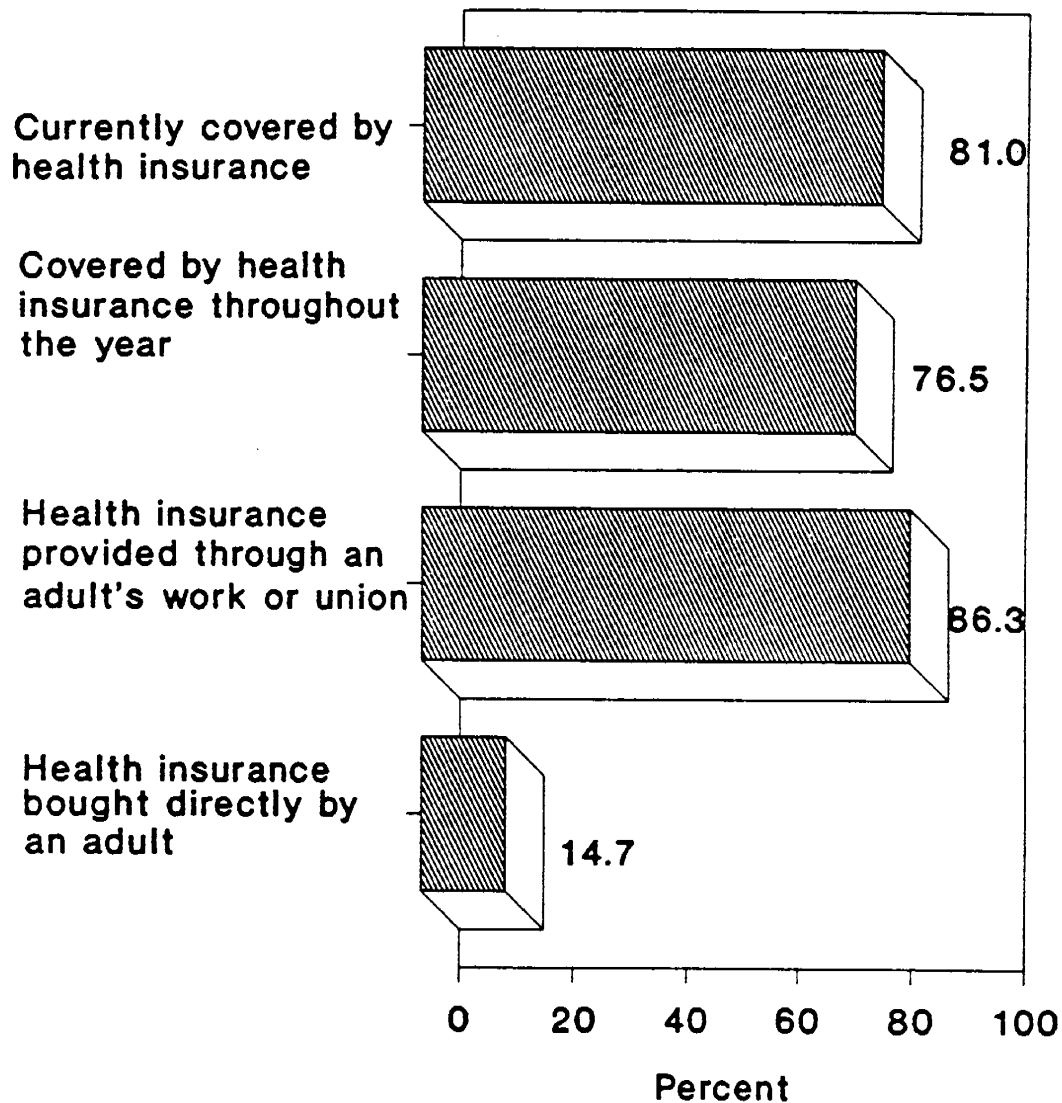
### Health Insurance Coverage

As illustrated in Figure 4, 81 percent of the children are currently covered by health insurance and 70 percent have been covered throughout the year. Referring again to Figure 4, 86.3 percent of the children's health insurance is provided through an adult's work or union while only 14.7 percent is bought directly by an adult.

### Health Care Denial

Parents/guardians were asked if they had sought and were denied medical care for their child for a serious condition during the past year. Only about five percent of the children had not received medical care; however, 27.6 percent of the respective children's medical conditions were considered serious. In addition, the respondents were asked why they did not get the necessary medical care for their children. Summary results are presented in Table 11. Of the seven reasons provided, the one cited the most often was "cost," followed by "could not get an appointment," and "not covered by insurance."

**Figure 4**  
**Health Insurance Coverage for Children**  
**in Household**



Source:

\*Study of Persons Not Covered by Health Insurance  
(Senate Bill 503, Chapter 648, Statutes of Nevada  
1991, pages 2152 - 2155), June 1992\*

**Table 11**  
**Reasons for Not Getting**  
**Medical Care for Children**  
**in Household**

Reason	Percent
Could not get an appointment	13.0 %
Did not know a good doctor or clinic to go to	9.0
It cost too much	56.0
Could not get off work	1.0
There was no easy way to get to the doctor's office or clinic	1.0
Not covered by insurance	20.0
Too nervous or afraid	0
	-----
Total	100.0 %

Source.

\*Study of Persons Not Covered by Health Insurance  
 (Senate Bill 503, Chapter 648, Statutes of Nevada  
1991, pages 2152 - 2155), June 1992\*



## **V. NEVADANS' ACCESS TO HEALTH INSURANCE AND MEDICAL CARE**

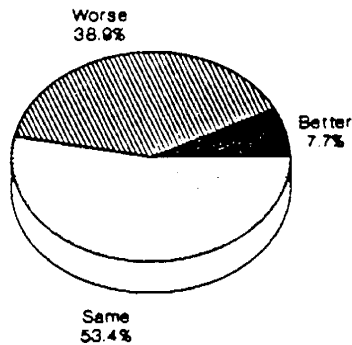
This section focuses on Nevadans' access to health insurance and medical care. Specifically, it discusses experience with health care in the last 12 months, reasons for not having health insurance coverage, and health care denial.

To investigate respondents' experience with medical care over the past 12 months, they were asked six questions. The results are presented in Figures 5 through 10.

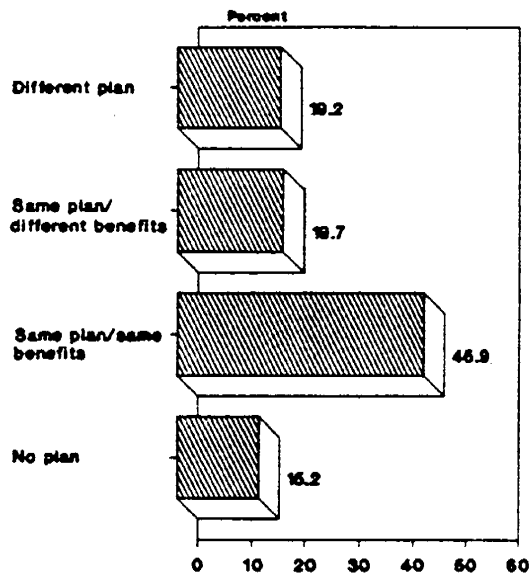
First, respondents were asked if their health insurance benefits today are better, worse, or about the same as they were 12 months ago. Over one-half the respondents replied that benefits were the same as they were 12 months ago. Additionally, 38.9 and 7.7 percents of the respondents rated their benefits as worse and better than last year's, respectively.

Second, respondents were asked if 12 months ago, they had a different health insurance plan or no plan at all. As would be expected based upon the findings from the first question, 45.9 percent of the respondents had the same plan/same benefits 12 months ago.

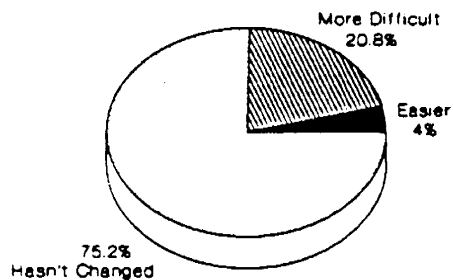
**Figure 5**  
**Perceived Quality of Health Insurance Benefits**  
*(Compared to 12 months ago)*



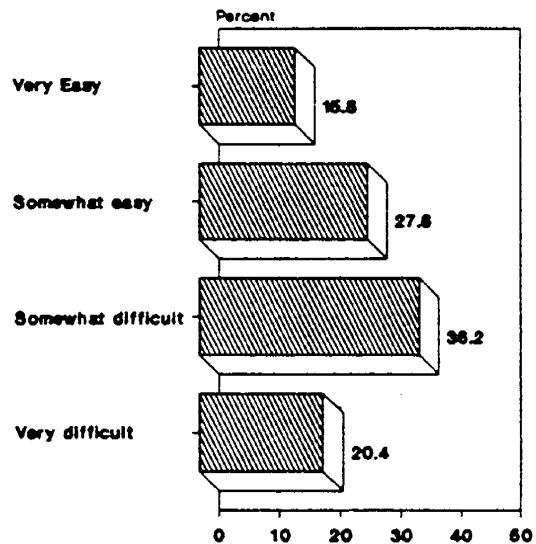
**Figure 6**  
**Type of Health Insurance Plan**  
*(12 months ago)*



**Figure 7**  
**Degree of Difficulty in Getting Medical Help**  
*(During the last 12 months)*



**Figure 8**  
**Degree of Difficulty in Paying Medical Bills**  
*(During the last 12 months)*



Source:

\*Study of Persons Not Covered by Health Insurance  
 (Senate Bill 503, Chapter 648, Statutes of Nevada  
 1991, pages 2152 - 2155), June 1992\*

The third question addressed the ease/difficulty in getting medical help over the last 12 months. Likewise, the majority of respondents (75.2 percent) felt that no change has occurred.

The fourth question asked respondents to rate the degree of financial difficulty in paying their medical bills during the last 12 months. Approximately 56.6 percent of the respondents rated the degree of difficulty in paying their medical bills as somewhat difficult/very difficult.

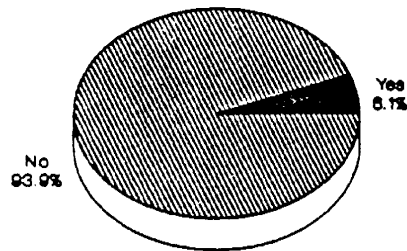
The fifth question asked if a member of their household had been unable to make or keep medical appointments because of a lack of transportation. Only about 6 percent of the respondents indicated "yes."

And finally, respondents were asked if any member of their household had been refused health care by a doctor or hospital because they did not have insurance or they could not pay. Few respondents were denied health care by a doctor or hospital (5.7 and 3.3 percents, respectively).

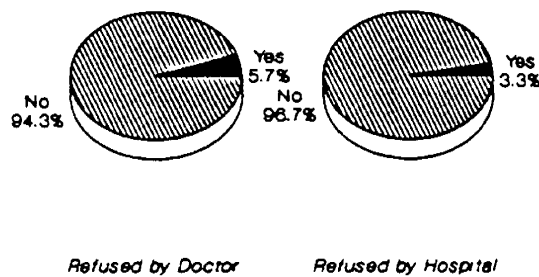
#### Reasons for Not Having Health Insurance Coverage

To determine why adults were not covered by health insurance throughout the past year, respondents were presented with a list of seven reasons and were asked to check all that applied. The results to the question

**Figure 9**  
**Percentage of Respondents Unable**  
**to Make Medical Appointments**  
*(due to lack of transportation)*



**Figure 10**  
**Percentage of Respondents**  
**Denied Health Care**  
*(during the past year)*



Source:

"Study of Persons Not Covered by Health Insurance  
 (Senate Bill 503, Chapter 648, Statutes of Nevada  
 1991, pages 2152 - 2155), June 1992"

are presented in Table 12 and Figure 11.

The most-cited reasons for not having health insurance for adults currently covered but not insured during the past year were "too expensive," "can't afford" (35.4 percent) and "in between jobs or don't have job" (30.4 percent). For adults not covered during the last year, approximately 26 percent indicated it was "too expensive, can't afford" and that the "job doesn't offer coverage" (15.9 percent). Of interest, is that 9.2 percent of adults not covered by insurance throughout the year were in between jobs or didn't have a job.

#### Health Care Denial

Respondents were asked if any adult in their household with a serious medical condition had sought but was denied any medical attention during the last year. Only 7.5 percent of the adults did not get medical attention; however, 43.2 percent of those adults considered the condition serious. Additionally, they were asked why they did not get medical care. Summary results are presented in Table 13. Of the seven reasons provided, the one cited the most often was "cost," followed by "not covered by insurance."

Figure 12 shows the percentage of households having members who were denied health care by a hospital during the past year by income and health insurance coverage. Almost three-fourths of the uninsured households

**Table 12**  
**Reasons for Lack of Coverage**  
*(during the Past Year)*

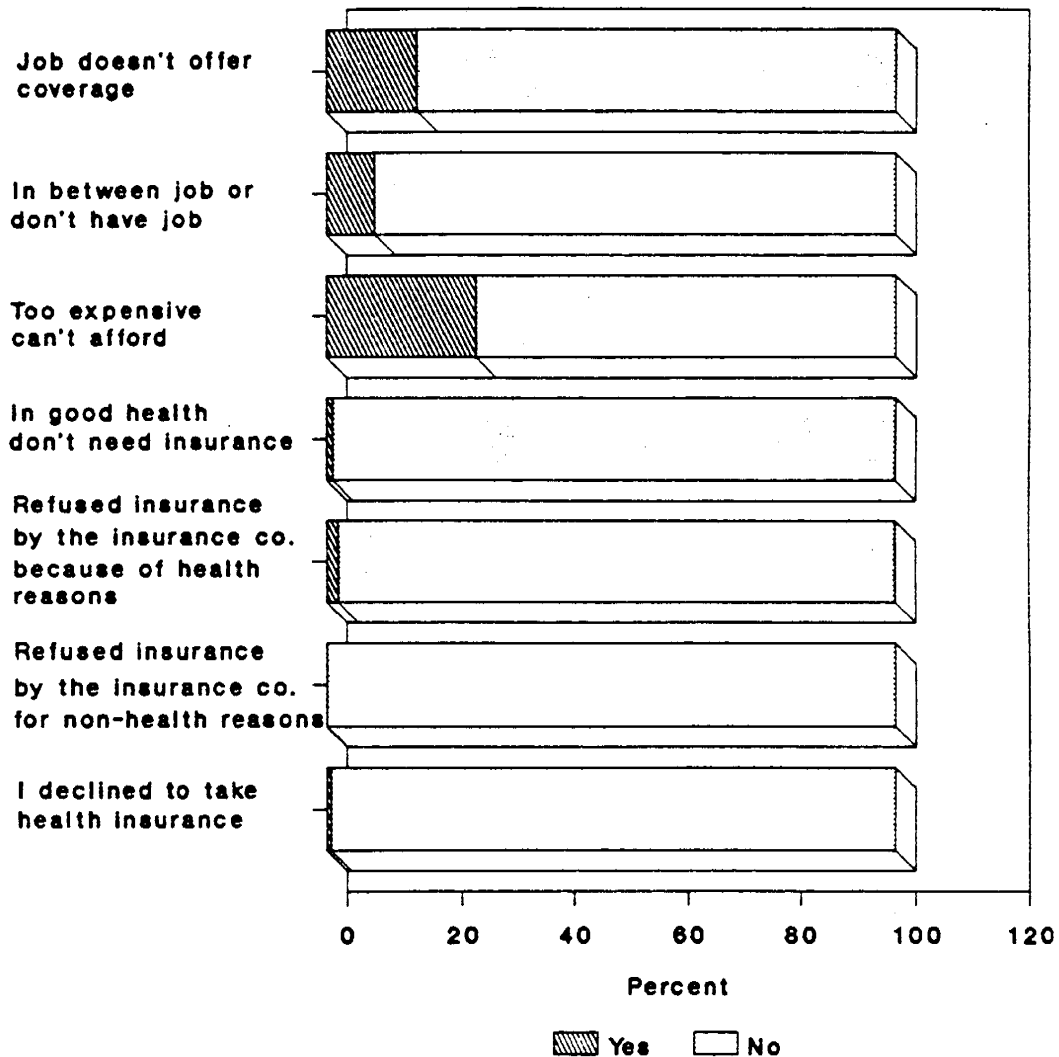
	Adults currently covered but un- insured during the past year	Adults not covered during the past year
	Percent	Percent*
Job doesn't offer coverage	25.0%	15.9 %
In between job or don't have job	30.4	8.5
Too expensive, can't afford	35.4	26.1
In good health, don't need health insurance	4.5	1.1
Refused insurance by insurance company because of health reasons	3.5	2.0
Refused insurance by the insurance company for non-health reasons	0.2	0.1
I declined to take health insurance	1.0	0.8

\* As a percent of total sample

Source:

\*Study of Persons Not Covered by Health Insurance  
 (Senate Bill 503, Chapter 648, Statutes of Nevada  
1991, pages 2152 - 2155), June 1992\*

**Figure 11**  
**Reasons for Respondents Not**  
**Having Health Insurance**  
**(Adults Not Covered During the Past Year)**



Source:

\*Study of Persons Not Covered by Health Insurance  
 (Senate Bill 503, Chapter 648, Statutes of Nevada  
1991, pages 2152 - 2155), June 1992\*

# Table 13 Reasons for Not Getting Medical Care for Adults in Household

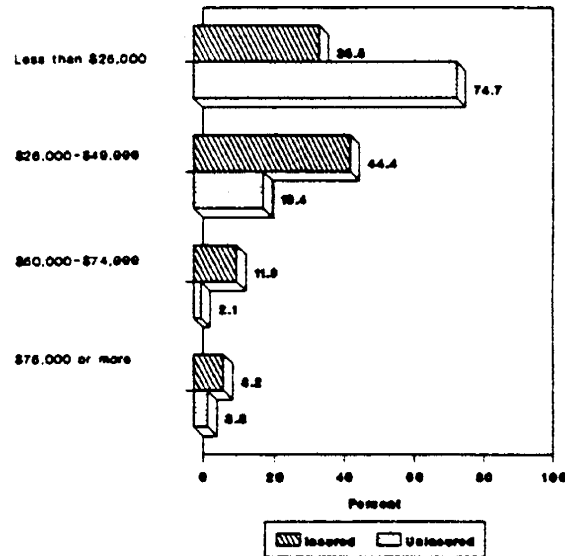
	Percent
Could not get an appointment	6.7%
Did not know a good doctor or clinic to go to	8.6
It cost too much	53.2
Could not get off work	2.1
There was no easy way to get to the doctor's office or clinic	1.8
Not covered by insurance	23.5
Too nervous or afraid	4.0
	-----
Total	100.0%

Source.

\*Study of Persons Not Covered by Health Insurance  
(Senate Bill 503, Chapter 648, Statutes of Nevada  
1991, pages 2152 - 2155), June 1992\*

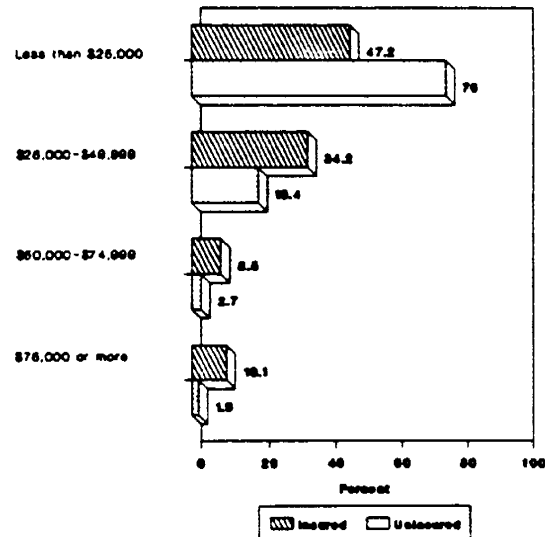


**Figure 12**  
**Percentage of Households Denied**  
**Health Care by a Hospital\***  
*(by Income and Health Insurance Coverage)*



\*Only 5.5 percent of the households had been denied health care by a hospital.

**Figure 13**  
**Percentage of Households Denied**  
**Health Care by a Doctor\***  
*(by Income and Health Insurance Coverage)*



\*Only 6.7 percent of the households had been denied health care by a doctor.

Source:  
 \*Study of Persons Not Covered by Health Insurance  
 (Senate Bill 503, Chapter 648, Statutes of Nevada  
1991, pages 2152 - 2155), June 1992\*

having an income of less than \$25,000 had been denied care. The corresponding percentage for insured households was 35.5 percent. Likewise, the percentage of uninsured households who were denied health care by a doctor was about 75 percent (see Figure 13). The corresponding percentage for insured households is 47.2 percent.

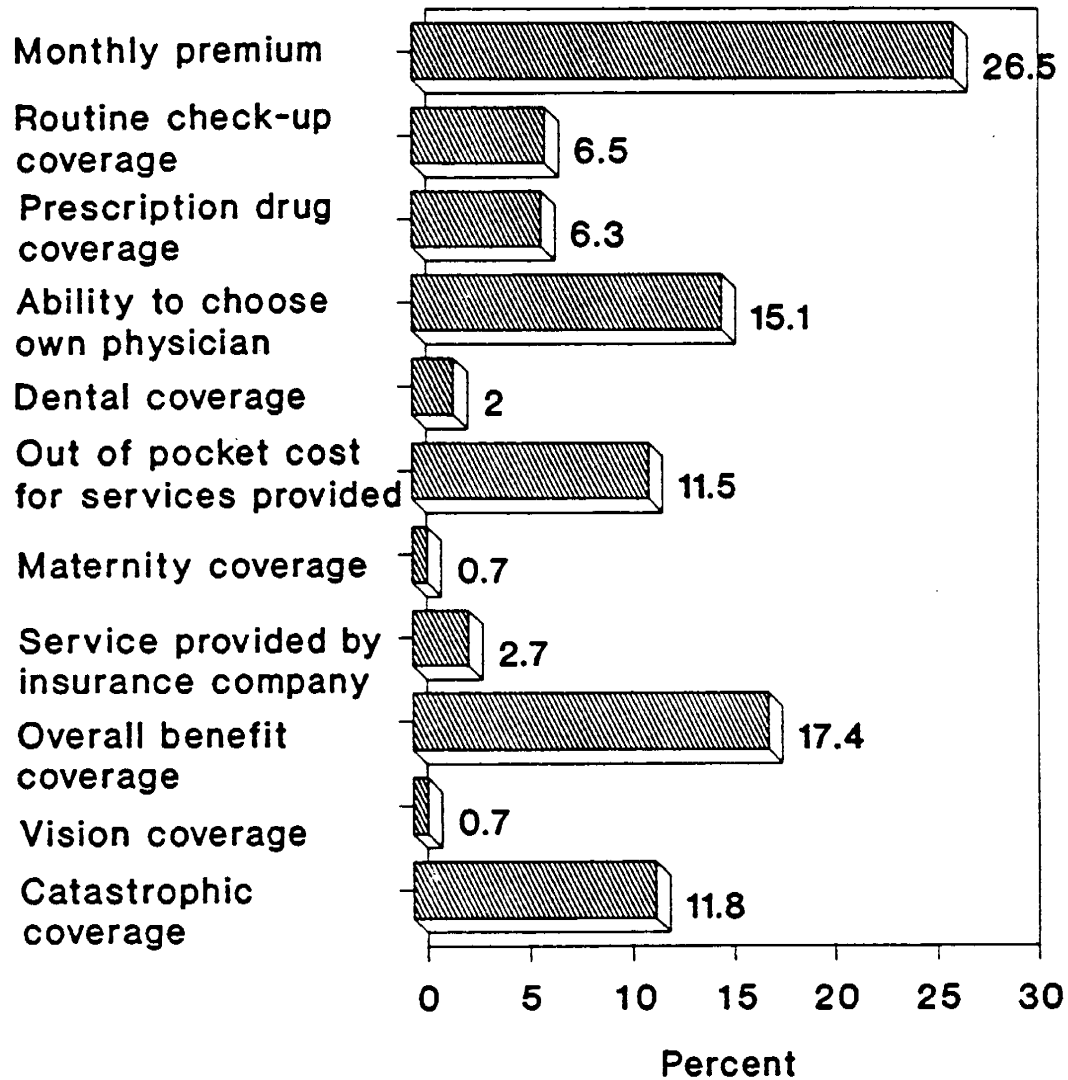
### Important Health Care Features

Participants were also asked to identify from a list of 11 health care insurance features, the four which were the most important to their household (1=most important, 2=2nd most important, 3=3rd most important, and 4=4th most important). The results are presented in Figure 14. Costs, benefits, and ability to choose were rated in order as the top three.

Figure 15 shows the ratings of the health care insurance features by the uninsured and insured adults. Overall, differences between the two groups are few. As would be expected, a significantly greater percentage of uninsured adults rated monthly premium as an important health care insurance feature than did the insured.

To further evaluate the importance of the health-care-features responses, the 11-item list was again presented to the respondents, and they

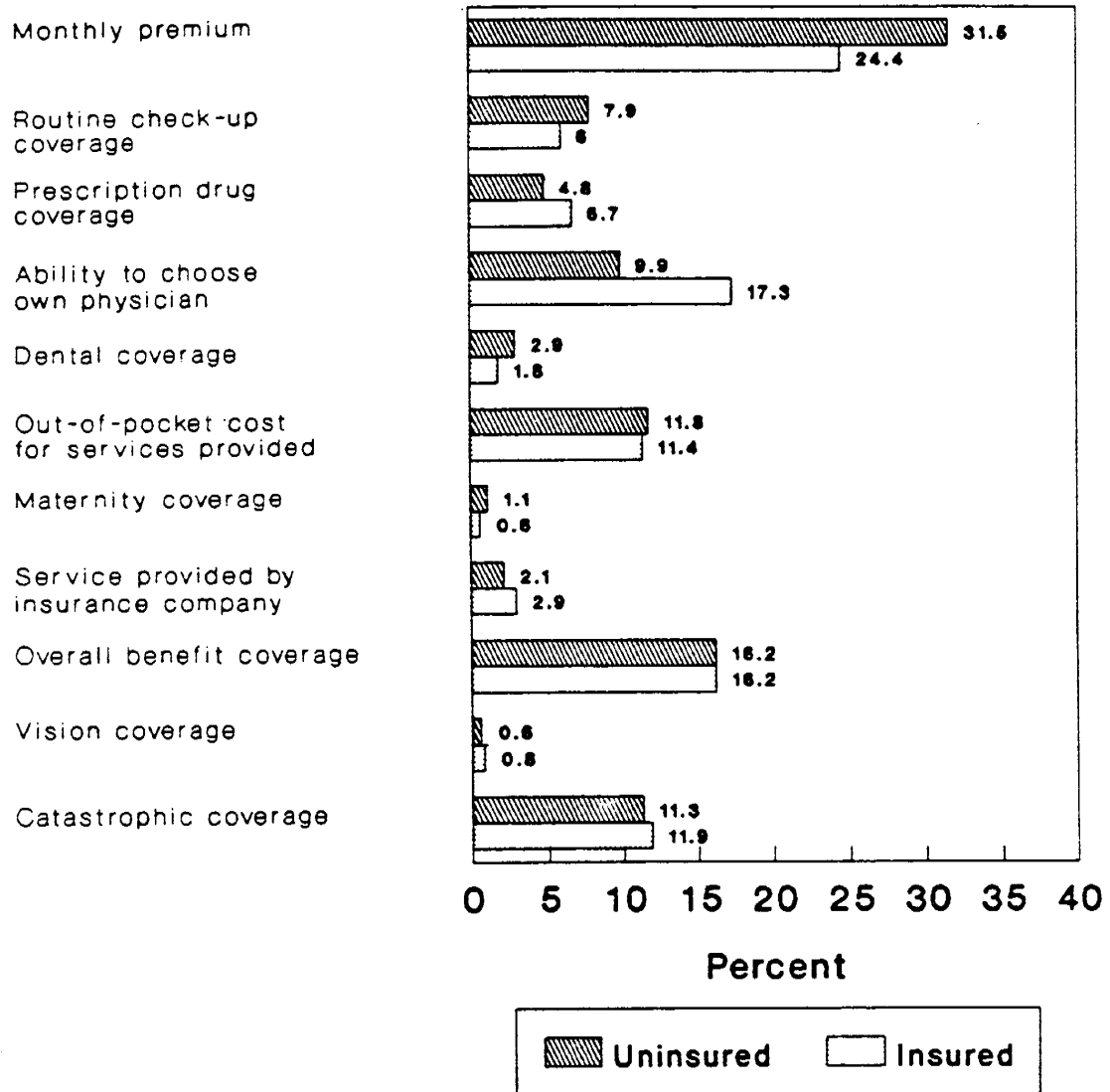
**Figure 14**  
**Most Important Health Care Insurance Features**



Source:

"Study of Persons Not Covered by Health Insurance  
(Senate Bill 503, Chapter 648, Statutes of Nevada  
1991, pages 2152 - 2155), June 1992"

**Figure 15**  
**Most Important Health Care**  
**Insurance Features**  
*(by Uninsured and Insured Adults)*



Source:  
 \*Study of Persons Not Covered by Health Insurance  
 (Senate Bill 503, Chapter 648, Statutes of Nevada  
1991, pages 2152 - 2155), June 1992\*

were asked to rate each of the health care features as either very important, fairly important, not so important, or not at all important. The results are summarized in Table 14. Again, respondents rated benefits as very important. Both overall benefit coverage and catastrophic coverage were cited as very important, 79.7 and 72.7 percent, respectively. Ability to choose one's own physician and cost (measured by monthly premium and out-of-pocket costs) were rated as important by more than 60 percent of responding households.

Several general questions were asked regarding the health of household members. Approximately one-fourth of the households had a member who was an overnight patient in a hospital, whereas 59.1 percent had members who had received out-patient services (See Figures 16 and 17).

Figures 18 and 19 compare the percentage of households having received out-patient services by income and health insurance coverage. Over one-half of the uninsured households having an income less than \$25,000 had a member having received out-patient services. The corresponding percentage for insured households is 28.5 percent. Likewise, over one-half (61.1 percent) of the uninsured households had a member who was an overnight patient in a hospital (see again Figures 18 and 19). The corresponding figure for insured households is 31.7 percent.

# Table 14

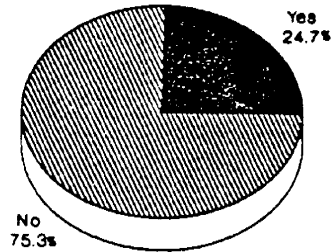
## Rating of Health Care Insurance Features

	Very Important	Fairly Important	Not So Important	Not at All Important
Monthly Premium	63.9	23.9	7.6	4.6
Routine Check-up Coverage	43.9	37.2	15.8	3.1
Prescription Drug Coverage	61.8	25.6	10.6	2.0
Ability to Choose Own Physician	68.0	22.8	7.8	1.4
Dental Coverage	60.0	28.6	8.6	2.8
Out-of-Pocket Cost for Services Provided	65.9	27.3	5.3	1.5
Maternity Coverage	19.9	13.2	11.3	55.6
Service Provided by Insurance Company	52.8	33.3	10.0	3.9
Overall Benefit Coverage	79.7	18.2	1.5	0.6
Vision Coverage	51.6	33.0	11.7	3.7
Catastrophic Coverage	72.7	20.8	4.3	2.2

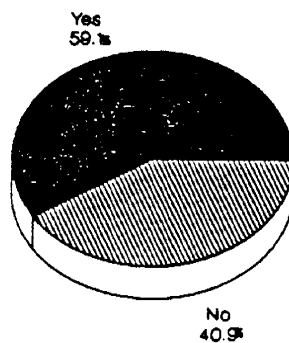
Source.

\*Study of Persons Not Covered by Health Insurance  
(Senate Bill 503, Chapter 648, Statutes of Nevada  
1991, pages 2152 - 2155), June 1992\*

**Figure 16**  
**Percentage of Households Having A**  
**Member Who Was An Overnight**  
**Patient in A Hospital**  
*(during the past year)*



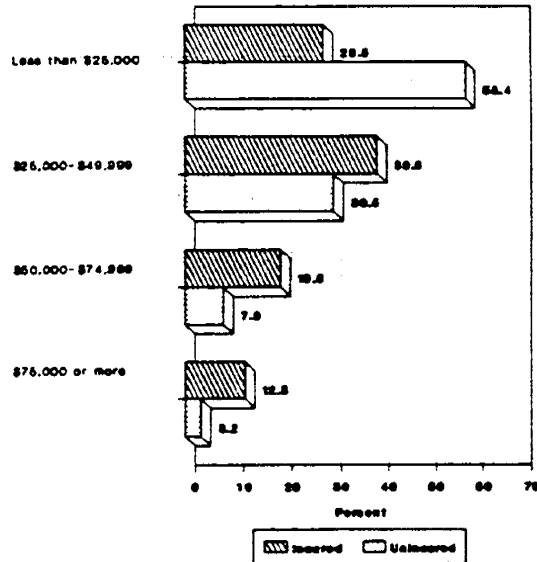
**Figure 17**  
**Percentage of Households Having**  
**A Member That Received Out-**  
**Patient Services**  
*(during the past year)*



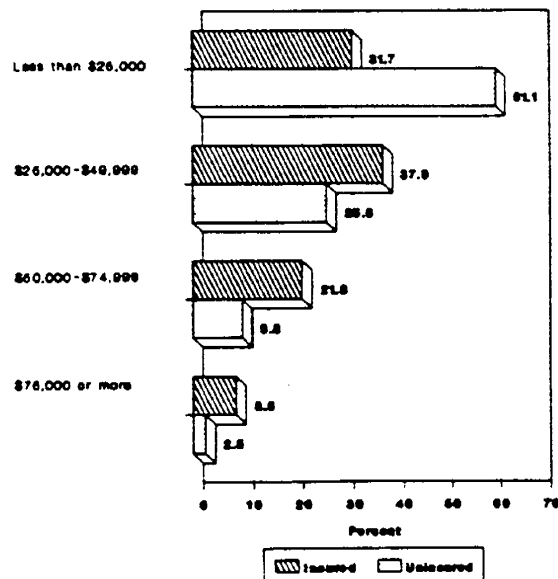
Source:

\*Study of Persons Not Covered by Health Insurance  
(Senate Bill 503, Chapter 648, Statutes of Nevada  
1991, pages 2152 - 2155), June 1992\*

**Figure 18**  
**Percentage of Households Having A Member**  
**That Received Out-Patient Services**  
*(by Income and Health Insurance Coverage)*



**Figure 19**  
**Percentage of Households Having**  
**A Member Who Was An Overnight**  
**Patient in A Hospital**  
*(by Income and Health Insurance Coverage)*



Source:  
 "Study of Persons Not Covered by Health Insurance  
 (Senate Bill 503, Chapter 648, Statutes of Nevada  
1991, pages 2152 - 2155), June 1992"



## **VI. SATISFACTION WITH HEALTH CARE IN NEVADA**

To assess respondents' satisfaction with health care in Nevada, they were asked to rate their level of satisfaction with ten elements of health care services that are available to them and to their household. Rating options provided were "very satisfied," "somewhat satisfied," "somewhat unsatisfied," and "very unsatisfied." Again, for discussion purposes, the four categories were collapsed into two. As shown in Table 15, over 75 percent of the respondents were very/somewhat satisfied with half the health care service elements.

They expressed the most satisfaction with the travel distance to see a doctor (85.5 percent) and the ability to see a doctor whenever needed (80.9 percent). But, respondents are fairly satisfied with the quality of services provided by doctors and hospitals. Yet, satisfaction levels fall for questions reflecting the availability of health care services in a timely manner. Opinion is about evenly divided on these questions. Respondents were least satisfied with the cost of health care; approximately two out of three households expressed concern with these costs by checking one of the two unsatisfactory categories.

## Table 15

### Satisfaction with Health Care Access and Service Delivery in Nevada

Percent Satisfied

How far you have to travel to see a doctor	85.5%
The ability to see a doctor whenever needed	80.9%
The availability of dental services	77.2%
The quality of doctors	76.3%
The quality of in- hospital care	75.0%
The attitude of doctors and other medical staff towards patients and their families	73.8%
The amount of time you have to wait to see a doctor after you have an appointment	57.7%
The availability of a community health center	51.5%
The out-of-pocket cost of health care	34.5%
The total cost of health care, including what both you and your insurance pay	33.4%

Source:

"Study of Persons Not Covered by Health Insurance  
(Senate Bill 503, Chapter 648, Statutes of Nevada  
1991, pages 2152 - 2155), June 1992"

Table 16 summarizes the uninsured and insured adults' satisfaction with health care in Nevada. Observe that the uninsured adults expressed less satisfaction on each of the ten statements than did the insured adults. Compared to the insured adults, the uninsured expressed less satisfaction with the cost of health care, the availability of dental services, and the possibility of seeing a doctor whenever needed.

**Table 16**  
**Satisfaction with Health**  
**Care in Nevada**  
*(by Insured and Uninsured)*

	Insured Satisfied	Uninsured Satisfied
How far you have to travel to see a doctor	87.0%	81.5 %
The ability to see a doctor whenever needed	86.0	67.0
The availability of dental services	82.4	63.1
The quality of doctors	79.5	67.8
The quality of in- hospital care	78.1	66.6
The attitude of doctors and other medical staff towards patients and their families	78.1	66.6
The amount of time you have to wait to see a doctor after you have an appointment	61.9	46.1
The availability of a community health center	56.3	39.1
The out-of-pocket cost of health care	40.9	17.0
The total cost of health care, including what both you and your insurance pay	38.2	20.0

Source:

\*Study of Persons Not Covered by Health Insurance  
 (Senate Bill 503, Chapter 648, Statutes of Nevada  
1991, pages 2152 - 2155), June 1992\*

## VII. OPINIONS ABOUT HEALTH CARE

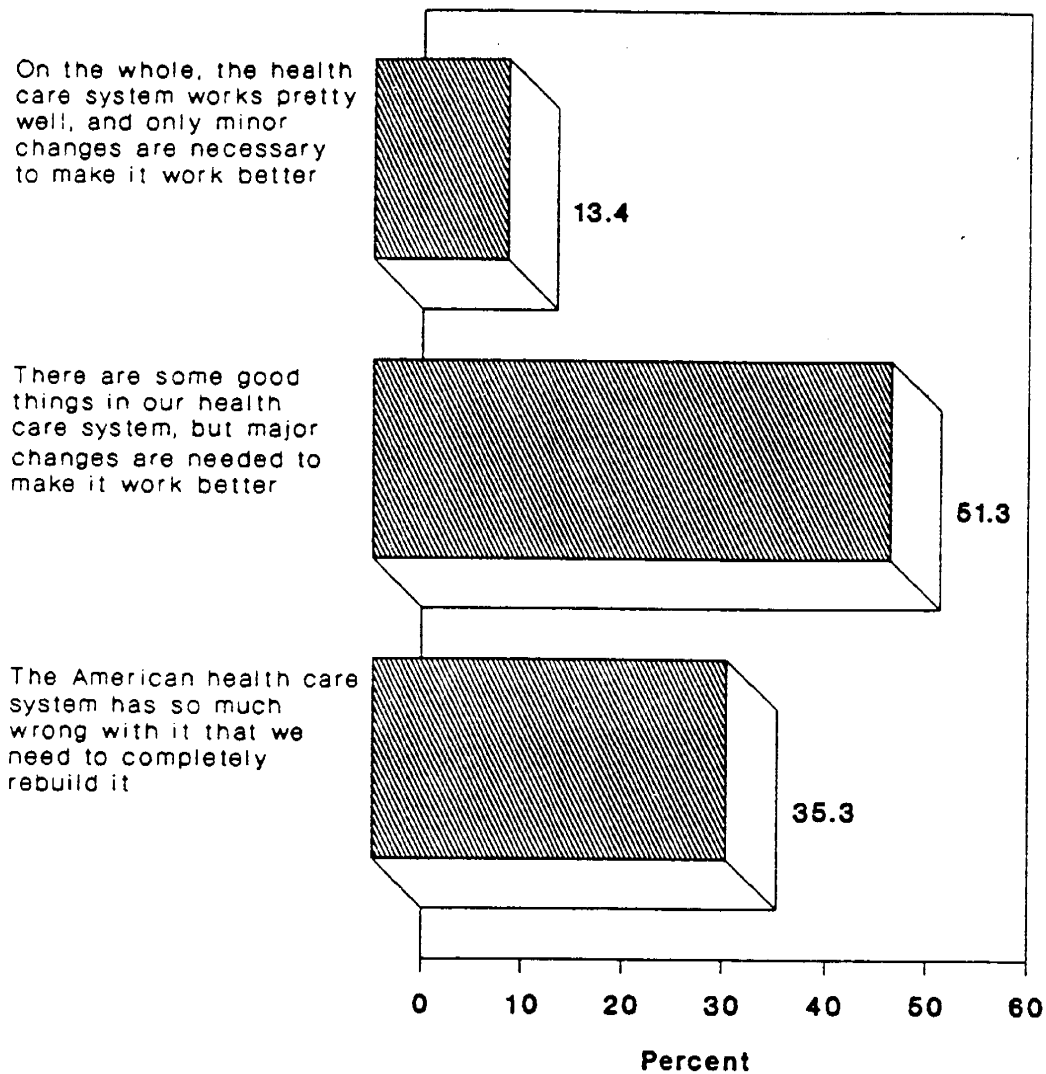
To investigate respondents' opinions about health care, four questions were asked. First, respondents were asked which of three statements comes the closest to expressing their overall view of the American health care system. Second, they were presented with a list of 18 statements reflecting health care and were asked to identify their agreement/disagreement with each. The third question addressed the responsible party for payment of health insurance premiums. And the last question asked if they would support a health insurance program for all people in the state of Nevada. Results of the four questions will be presented for the aggregate and also for the uninsured and insured adults.

### Overall View of the American Health Care System

Figure 20 shows that over one-half the respondents feel that there are some good things in our health care system, but major changes are needed to make it work better. Over one-third of the respondents feel that the American health care system has so much wrong with it that we need to completely rebuild it. And, a smaller percentage, about 13 percent, feel that the health care system works pretty well, and only minor changes are necessary to make it work better.

## Figure 20

### Respondents' Overall View of the American Health Care System



Source:

"Study of Persons Not Covered by Health Insurance  
(Senate Bill 503, Chapter 648, Statutes of Nevada  
1991, pages 2152 - 2155), June 1992"

As shown in Figure 21, a greater percentage of the uninsured than the insured adults feel that the American health care system requires major restructuring. Close to one-half of the uninsured adults agreed that the system has so much wrong with it that we need to completely rebuild it.

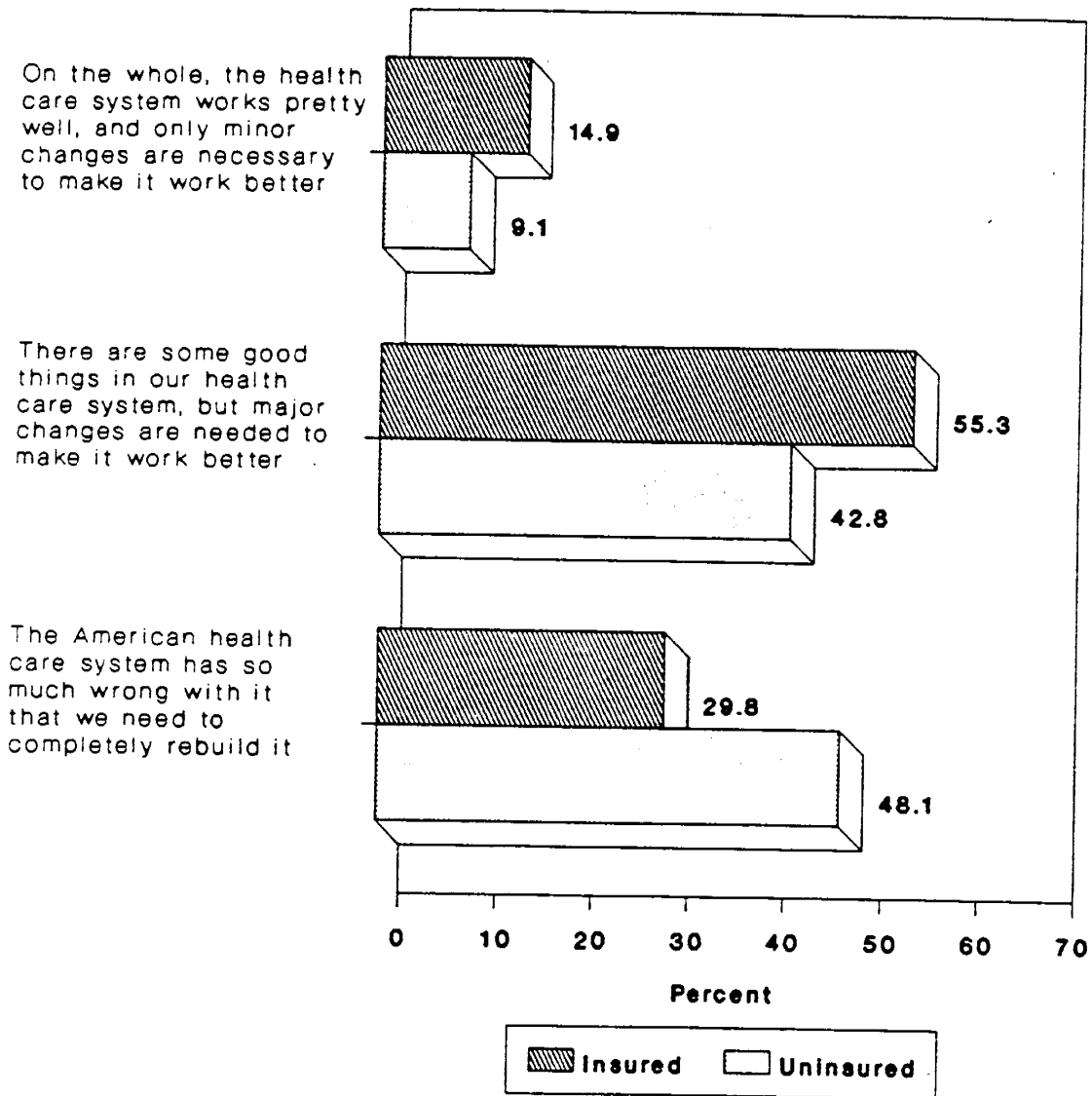
### Specific Opinions About Health Care

The 18 opinion statements were categorized into four groups: individual's rights to health care, government's involvement in health care, employers' health care responsibilities, and health care insurance providers/hospitals/doctors. Half the groups contained 5 statements and the other half contained 4 statements each. Figures 22 to 29 illustrate summary information on specific opinions about health care.

### Individual's Rights to Health Care

As presented in Figure 22, an overwhelming majority of respondents feel that all citizens are entitled to health care regardless of their ability to pay. About 96 percent of the respondents agreed that all citizens should have the right to see a doctor and be admitted to the hospital when they need it. Regarding Nevadans' access to health care, 95.8 percent of the respondents agreed that Nevadans should have access to at least a minimum level of health care regardless of their ability to pay. Furthermore, 71.5 percent of the respondents feel that if a person is not covered with

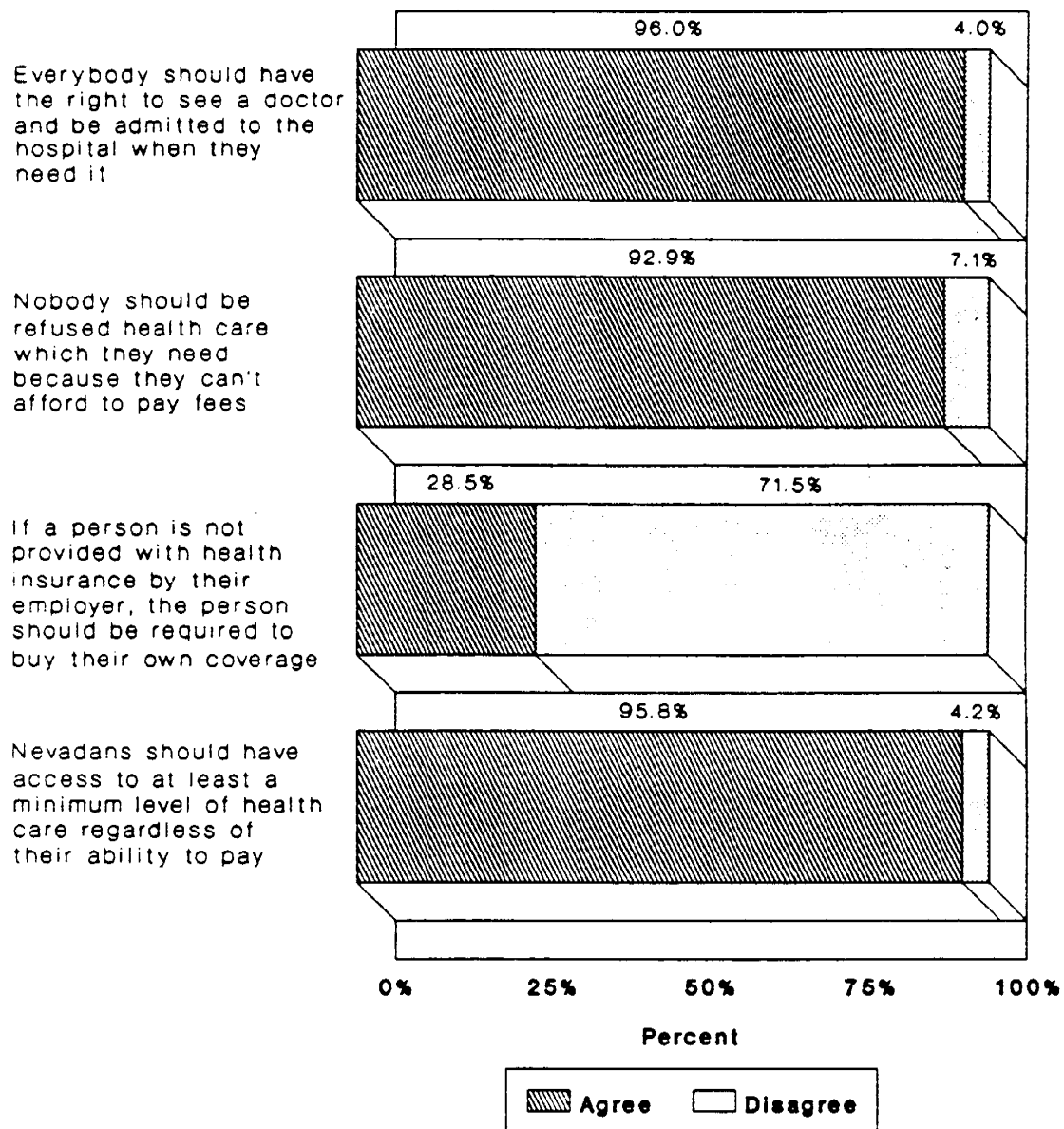
**Figure 21**  
**Respondents' Overall View of the**  
**American Health Care System**  
*(Percentage Agreeing with Statement)*



Source:  
 \*Study of Persons Not Covered by Health Insurance  
 (Senate Bill 503, Chapter 648, Statutes of Nevada  
1991, pages 2152 - 2155), June 1992\*



**Figure 22**  
**Opinions about Access to Health Care**  
*Individual's Rights*



Source:  
 "Study of Persons Not Covered by Health Insurance  
 (Senate Bill 503, Chapter 648, Statutes of Nevada  
 1991, pages 2152 - 2155), June 1992"

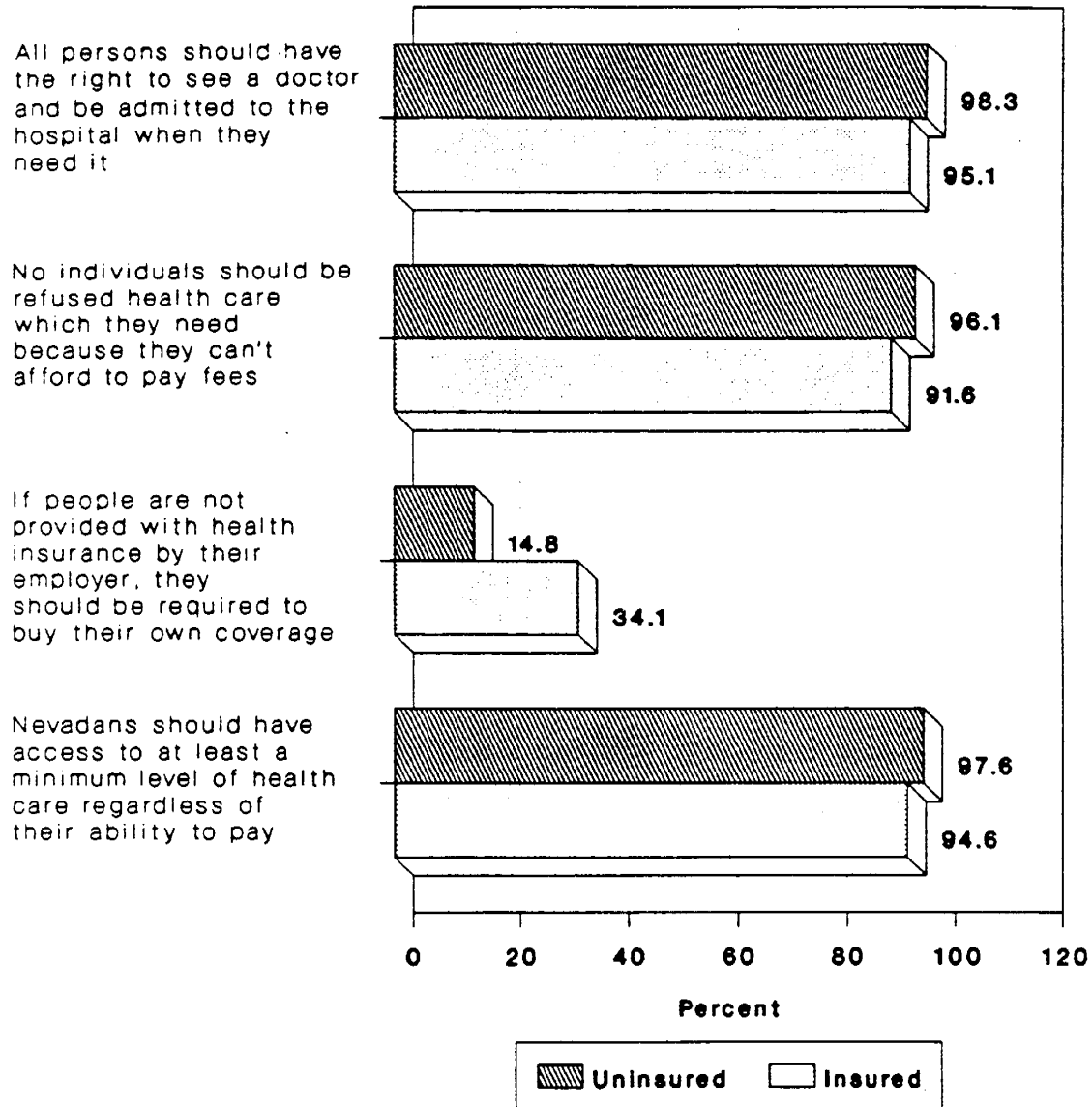
health insurance by their employer, that person should not be required to buy their own insurance.

Figure 23 compares the uninsured and insured adults' opinions regarding individual's rights to health care. Note that both groups are in general agreement on three of the four statements. Regarding the third statement, over twice as many insured adults compared to uninsured adults agreed that if workers are not provided with health insurance by their employer, they should be required to buy their own coverage.

#### Government Involvement in Health Care

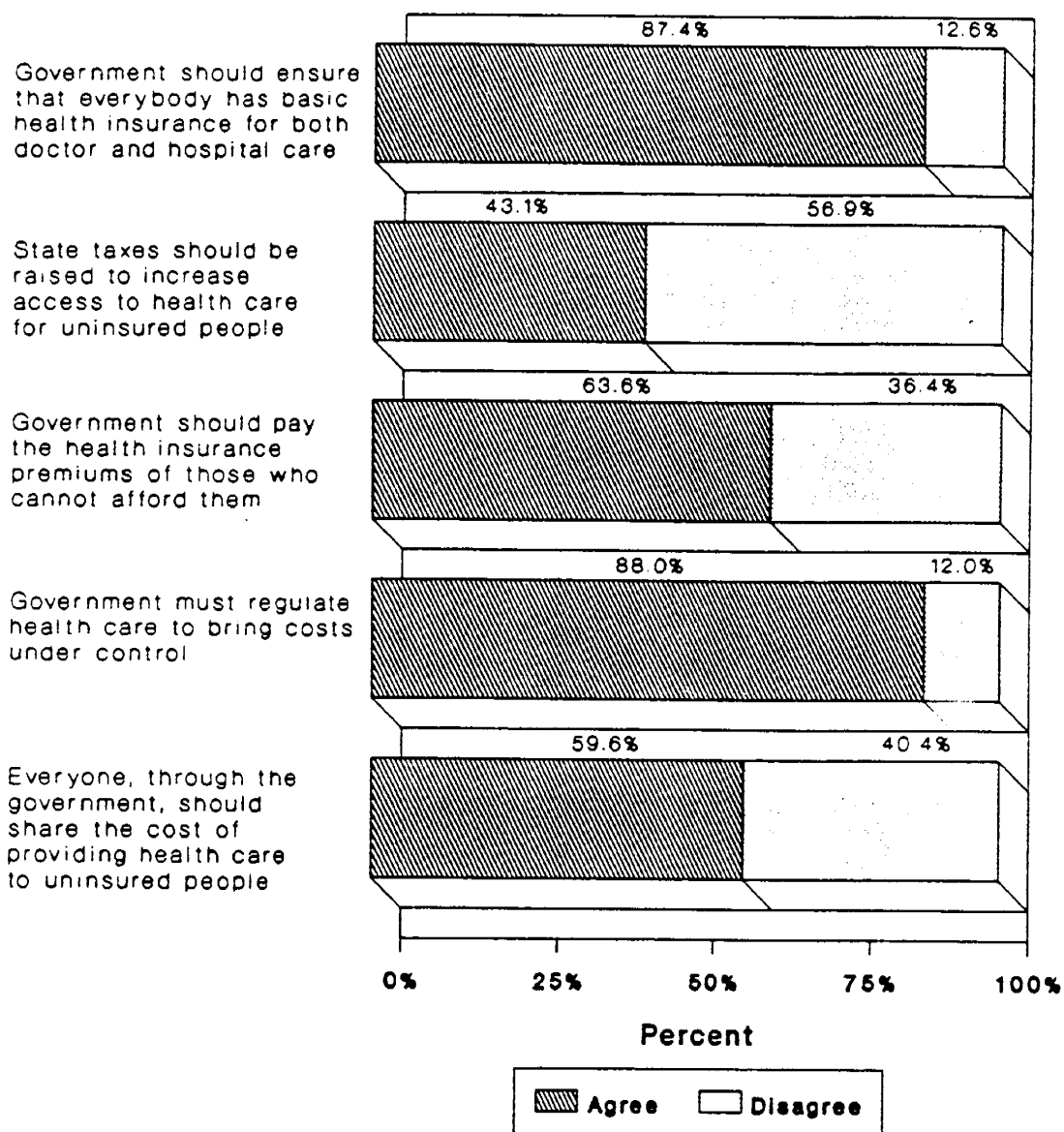
In general, respondents agree that the government should be involved in monitoring/regulating the health care system. As shown in Figure 24, approximately 87 percent of the respondents agreed that the government should ensure that everybody has basic health insurance for both doctor and medical care. And, 88 percent agreed that the government must regulate health care to bring costs under control. Thus, Nevadans agree in principle to public participation in the coverage and cost debates of our health care system. Respondents also supported an active public sector role in assuming financial responsibility for those who can't afford to buy health insurance coverage. To be sure, the percentage favoring government financing is less than the percentage supporting monitoring and regulating. About 64 percent

**Figure 23**  
**Opinions about Access to Health Care:**  
**Individual's Rights**  
*(Percentage Agreeing with Statement)*



Source:  
 "Study of Persons Not Covered by Health Insurance  
 (Senate Bill 503, Chapter 648, Statutes of Nevada  
1991, pages 2152 - 2155), June 1992"

**Figure 24**  
**Opinions about Access to Health Care**  
*Government's Involvement*



Source:

\*Study of Persons Not Covered by Health Insurance  
 (Senate Bill 503, Chapter 648, Statutes of Nevada  
1991, pages 2152 - 2155), June 1992\*

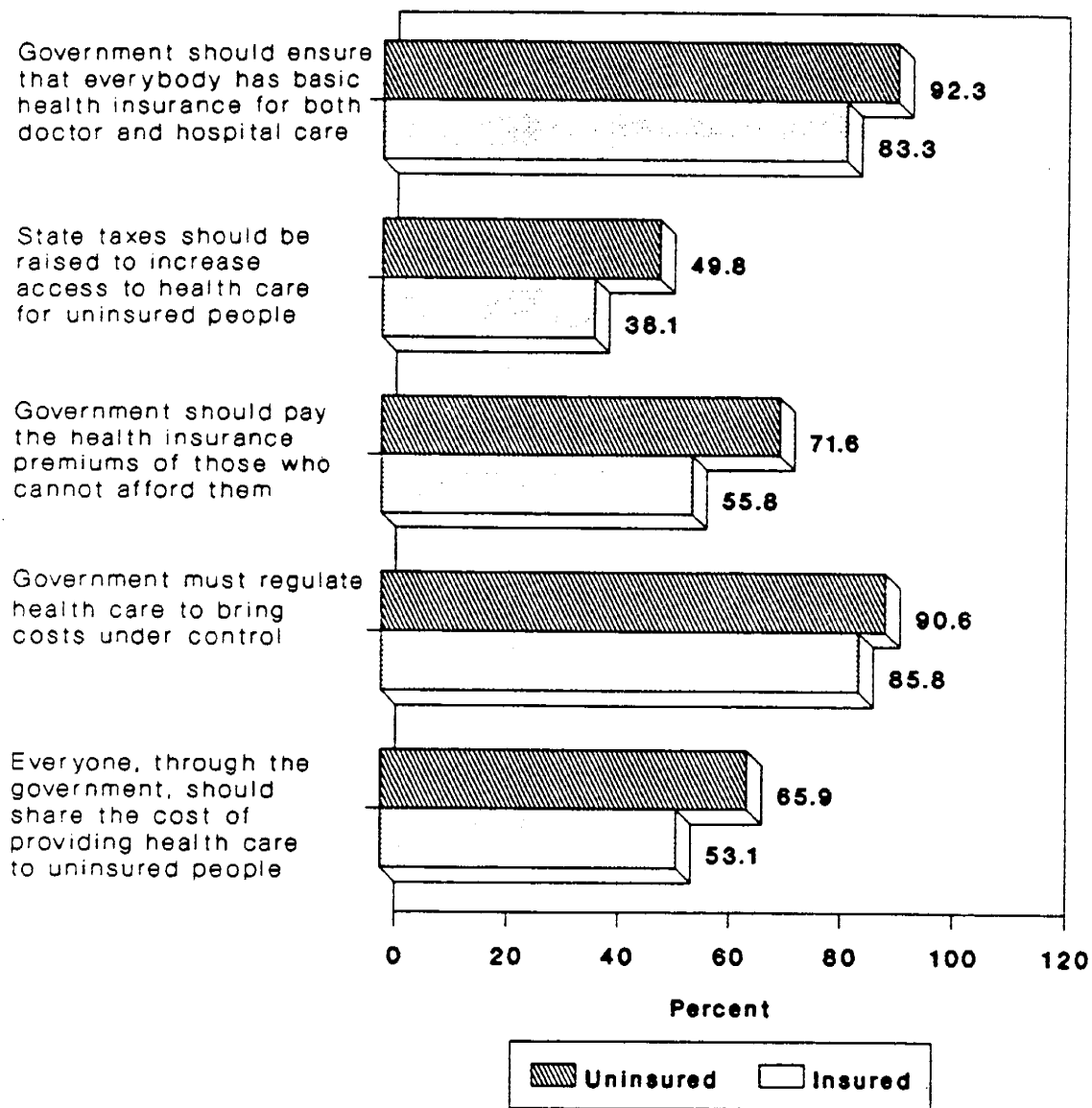
of the respondents agreed that the government should pay the health insurance premiums of those who can't afford them, but 36.4 percent disagreed. A similar percentage (59.6 percent) of respondents feel that everyone, through the government, should share the cost of providing health care to uninsured people. Yet, respondents were split on the issue of raising taxes to increase access to health care for alternative tax measures to finance health care. While 43.1 percent agreed and 56.9 percent disagreed, no tax financing scheme was identified in the question. As a result, one might reasonably expect some shift in response patterns to more specific tax financing schemes. Thus, we find respondents decidedly more divided on government's involvement in health care financing than on monitoring and regulating health care.

Comparing the uninsured and insured adults' opinions about government's involvement in health care, Figure 25 shows that the uninsured feel that the government should play a larger role in regulating/monitoring health care than do the insured. For example, 49.8 percent of the uninsured compared to 38.1 percent of the insured agreed that the state taxes should be raised to increase access to health care for uninsured people.

#### Employers' Responsibility

About 93 percent of the respondents believe that health insurance is

**Figure 25**  
**Opinions about Access to Health Care:**  
**Government's Involvement**  
*(Percentage Agreeing with Statement)*



Source:  
 \*Study of Persons Not Covered by Health Insurance  
 (Senate Bill 503, Chapter 648, Statutes of Nevada  
1991, pages 2152 - 2155), June 1992\*

the most important of the employee benefits that employers can provide (see Figure 26). Thus, it is not unexpected that the majority of respondents feel that employers have a responsibility to provide employee health insurance (81.3 percent), and they should be required to provide a basic level of employee health insurance coverage (82.7 percent).

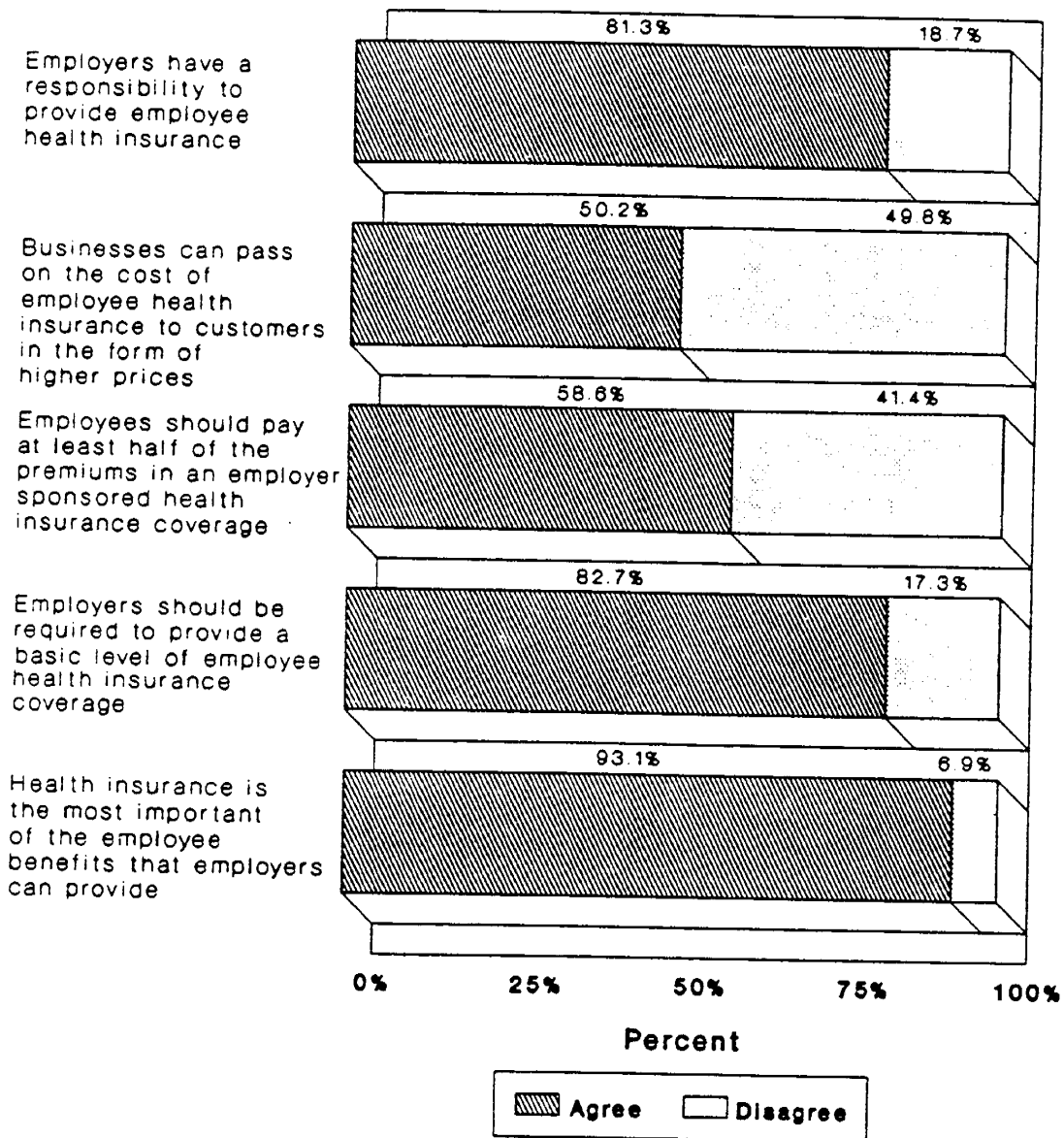
Whereas Nevadans are pretty much of a mind that health insurance is at least a partial responsibility of employers; respondents are divided in their opinions regarding the responsibility for health insurance financing. Approximately 50 percent of the respondents agreed that businesses can pass on the cost of employee health insurance to customers in the form of higher prices--48.8 percent disagreed. Also, 58.6 percent of the respondents agreed that employees should pay at least half of the premiums in an employer sponsored health insurance coverage--41.4 percent disagreed.

As illustrated in Figure 27, differences in opinions between the uninsured and the insured adults are slight regarding employers' responsibility to provide health care.

#### Providers/Hospitals/Doctors

Figure 28 shows that about 60 percent of the respondents agreed that there is no real competition among health care providers (64.1 percent) and

**Figure 26**  
**Opinions about Access to Health Care**  
*Employer's Responsibility*

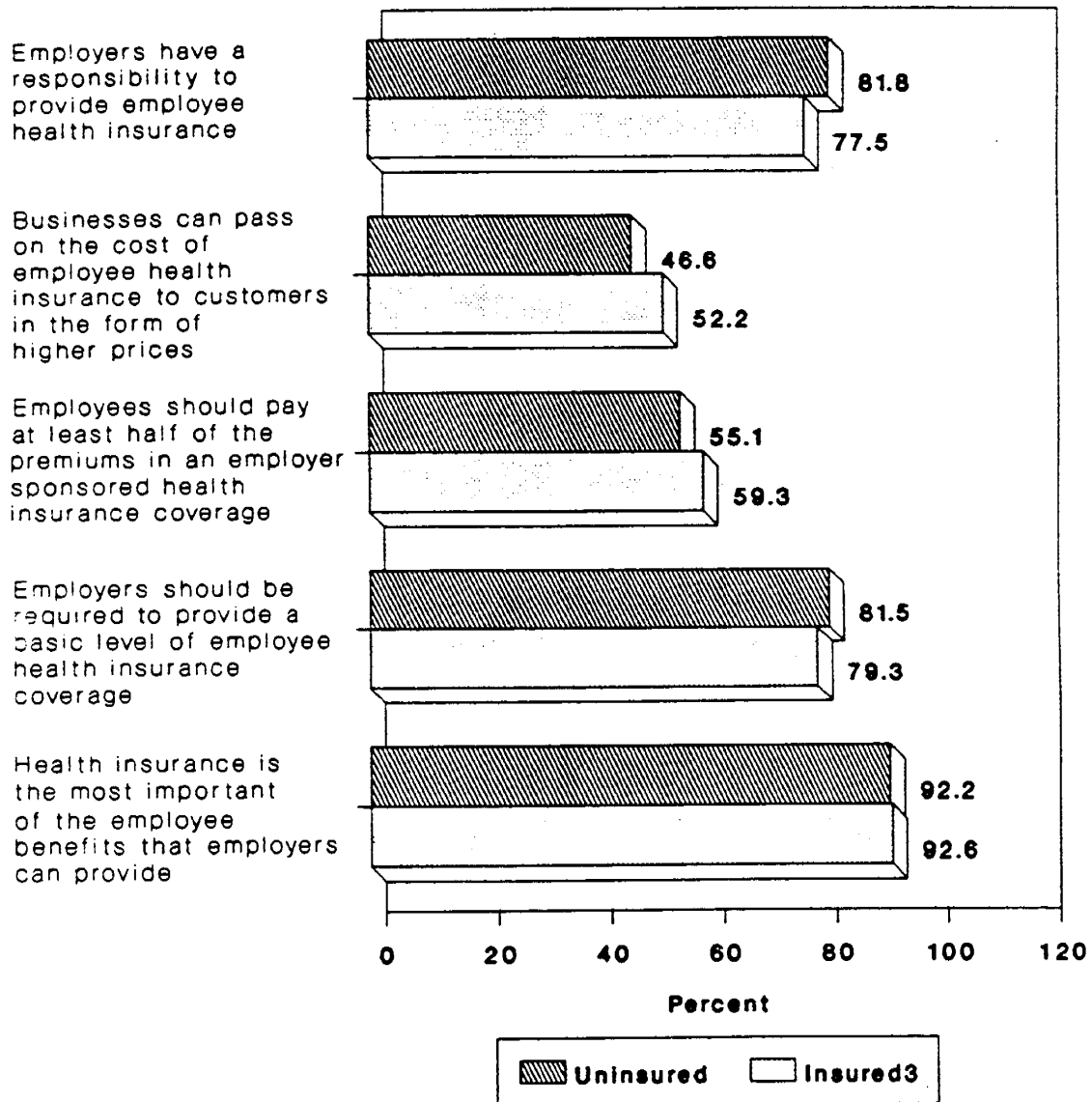


Source:

"Study of Persons Not Covered by Health Insurance  
 (Senate Bill 503, Chapter 648, Statutes of Nevada  
 1991, pages 2152 - 2155), June 1992"

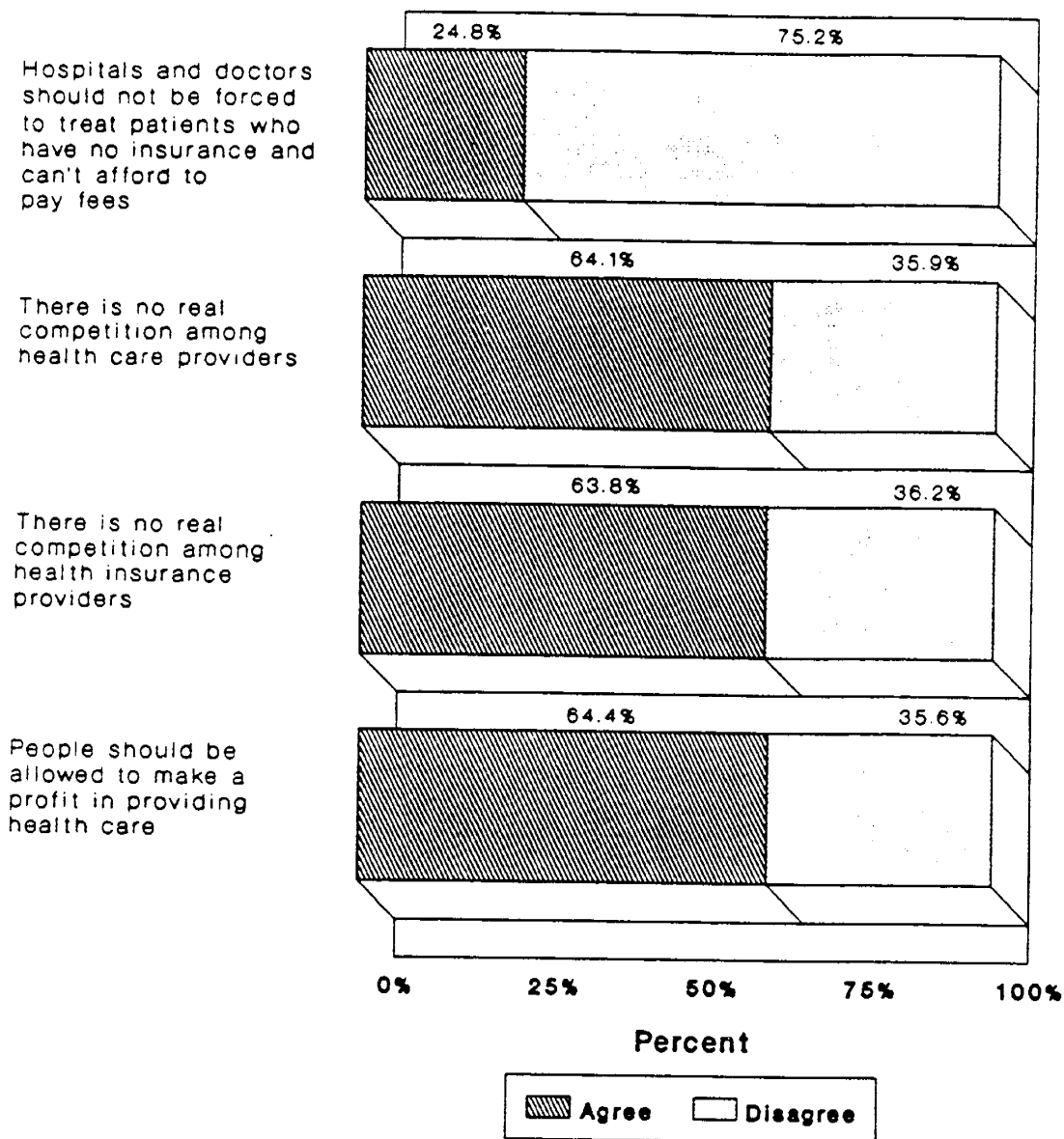


**Figure 27**  
**Opinions about Access to Health Care:**  
**Employer's Responsibility**  
*(Percentage Agreeing with Statement)*



Source:  
 "Study of Persons Not Covered by Health Insurance  
 (Senate Bill 503, Chapter 648, Statutes of Nevada  
1991, pages 2152 - 2155), June 1992"

**Figure 28**  
**Opinions about Access to Health Care**  
*Providers/Hospitals/Doctors*



Source:

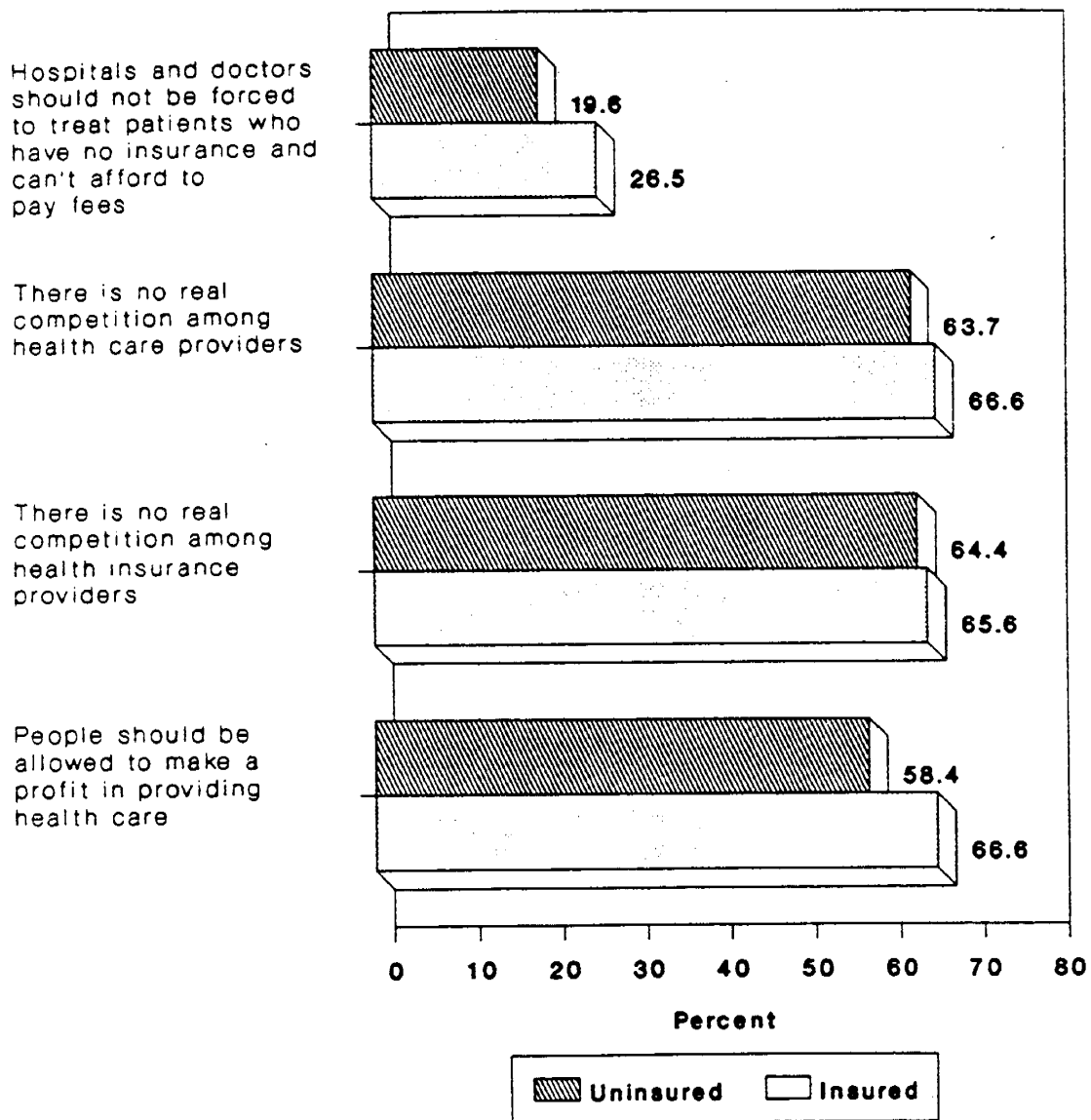
\*Study of Persons Not Covered by Health Insurance  
 (Senate Bill 503, Chapter 648, Statutes of Nevada  
 1991, pages 2152 - 2155), June 1992\*

among health insurance providers (63.8 percent). Generally speaking, the presence of competition implies that services are provided at a lower price than when there is no real competition. Thus, when faced with patients who are without insurance and can't afford to pay fees, about three-fourths of the sample felt that hospitals and doctors should be forced to treat these patients. There is a sense that somehow more may be provided without additional resources.

About an equally high percentage of respondents (64.4 percent) also agreed health care providers, hospitals, and doctors should be allowed to make a profit in providing health care. When faced with the complex issues of health care, Nevadans believe free markets have a pivotal role to play. Yet, respondents also highly favor public activities and policies. As a result, respondents apparently favor the continued presence of governments and private providers in health care.

Figure 29 depicts the percentage of insured and uninsured adults agreeing with statements related to opinions about the role of providers, hospitals, and doctors in providing health care. Note that a lower percentage of uninsured adults agreed that hospitals and doctors should not be forced to treat patients who have no health insurance and can't afford to pay fees. Likewise, 58.4 percent of the uninsured adults compared to 66.6 percent of

**Figure 29**  
**Opinions about Access to Health Care:**  
**Providers/Hospitals/Doctors**  
*(Percentage Agreeing with Statement)*



Source:  
 "Study of Persons Not Covered by Health Insurance  
 (Senate Bill 503, Chapter 648, Statutes of Nevada  
1991, pages 2152 - 2155), June 1992"

the insured feel that people should be allowed to make a profit in providing health care.

#### Independence of Opinions from Coverage Status

To determine if significant relationships existed between opinions about health care and insurance coverage status of individuals, statistical tests must be performed. The Center conducted a series of statistical chi-square tests to investigate the statistical relationship between each of these opinion statements and coverage status. The chi-square statistic offers evidence by which one may statistically test whether or not there are significant response differences among groups. If the computed value of chi-square exceeds the critical value, then one concludes that the observed responses (opinions) differ by coverage status. Otherwise, one concludes that responses do not differ by coverage status; that is, opinions are said to be statistically independent of coverage status. According to the chi-square test results, opinions are not independent from coverage status. In other words, there is evidence of a statistically significant relationship between opinions and coverage status for each of the 18 statements.<sup>3</sup>

#### Responsible Party for Payment of Health Insurance Premium

To determine respondents' opinions regarding the responsible party

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<sup>3</sup> Chi-square values may be obtained upon request from The Center.

for payment of health insurance premiums, a list of 7 employment scenarios was presented, and respondents were asked who should pay the premium for the worker assuming the costs can't be split or shared. The possible options were the person, the person's employer, and the government. Refer to Table 17 for summary results.

The three scenarios in which the government was considered the responsible party were: (1) an unemployed person (82.3 percent), (2) a person working part-time whose total family income is less than \$15,000 per year (52.8 percent), and (3) the dependent of a person working full-time whose total family income is less than \$15,000 per year (50.3 percent). Thus, respondents generally believe that government has a major role in health care service for low-income persons.

The person was held accountable when he/she is a teenage part-time worker, living at home, whose total family income is about \$30,000 per year (39.9 percent). In addition, 38.3 percent of the respondents designated the person's employer responsible for coverage.

The person's employer was considered responsible in the remaining three scenarios: (1) a person working full-time whose total income is about \$30,000 per year (61.9 percent), (2) the dependents (children, spouse, etc.)

**Table 17**  
**Responsible Party for Payment of**  
**Health Insurance Premium**

	The Person	The Person's Employer	The Government
A person working full-time whose total income is about \$30,000 per year	25.8%	62.2%	12.0%
The dependents (children, spouse, etc.) of a person working full-time whose total income is about \$30,000 per year	36.0	48.2	15.8
A person working full- time whose total family income is less than \$15,000 per year	7.6	49.6	42.8
The dependent of a person working full-time whose total family income is less than \$15,000 per year	13.7	36.7	49.6
An unemployed person	16.8	2.0	81.2
A person working part- time whose total family income is less than \$15,000 per year	16.3	32.4	51.3
A teenage part-time worker, living at home, whose total family income is about \$30,000 per year	41.8	37.0	21.2

Source.

\*Study of Persons Not Covered by Health Insurance  
 (Senate Bill 503, Chapter 648, Statutes of Nevada  
1991, pages 2152 - 2155), June 1992\*

of a person working full-time whose total income is about \$30,000 per year (49.6 percent), and (3) a person working full-time whose total family income is less than \$15,000 per year (48.6 percent).

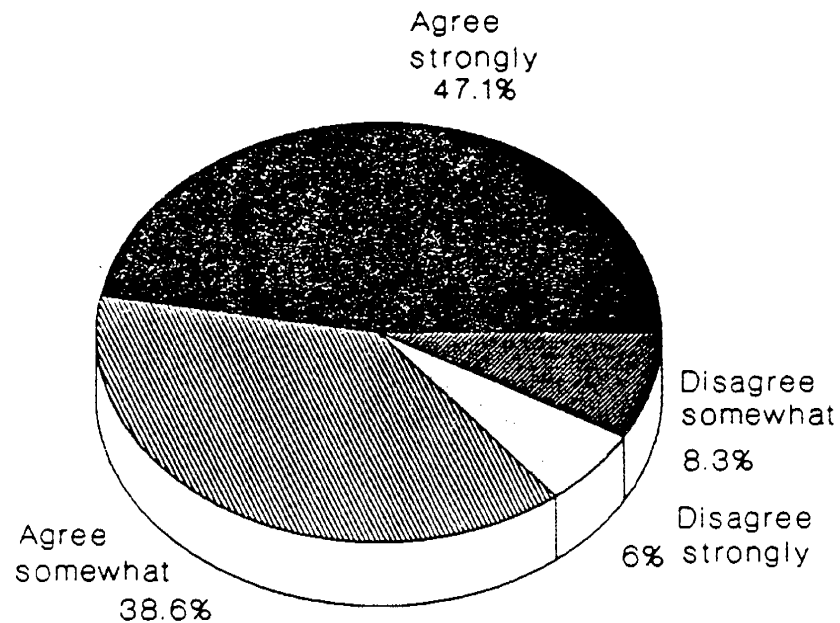
Overall, the results seem to indicate that the responsible party for health insurance premiums is dependent upon the wage earner's income. The responsibility for low income tends to fall on the government, whereas responsibility for workers falls on employers and wage earners.

#### Support of State Health Insurance Program

Finally, respondents were asked if they would support a health insurance program for all people in the state of Nevada (see Figure 30). Approximately 86 percent of the respondents strongly/somewhat agreed. Only a small percentage (6 percent) of the sample strongly disagreed. However, it should be reiterated that in response to raising taxes to increase access to health care for uninsured people the respondents were somewhat divided--43.1 percent agreed and 56.9 percent disagreed.



Figure 30  
Percentage of Respondents That  
Would Support A Health  
Insurance Program  
(in Nevada)

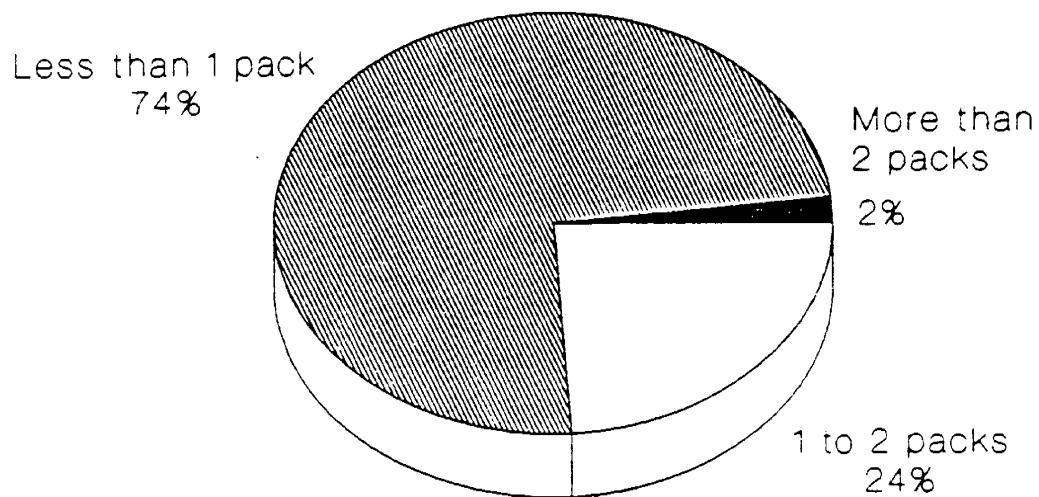


Source:  
"Study of Persons Not Covered by Health Insurance  
(Senate Bill 503, Chapter 648, Statutes of Nevada  
1991, pages 2152 - 2155), June 1992"

## VIII. CHANGING HABITS TO IMPROVE HEALTH

Nevada adults appear to be in "good" health. Only 14 percent of the adults expressed limitations regarding their physical activities because of their health. In regard to personal health characteristics and habits, the following is found. Those adults who need or wear glasses or contact lenses comprise 64.9 percent while 6.6 percent wear a hearing aid. Only 8.3 percent of the households have a member who is pregnant; of these, 29.7 percent have members who are under the care of a physician. About 59, 39, and 2 percents of the smokers, smoke 1 pack or less, 1 to 2 packs, and more than 2 packs of cigarettes a day, respectively (see Figure 31). Of the respondents that had drunk beverages within the past week, the majority (78 percent) had drinks only two days or less per week. Only about 6.4 percent of the respondents consumed alcoholic beverages every day of the week. For additional information on the consumption of alcoholic beverages, see Figure 32.

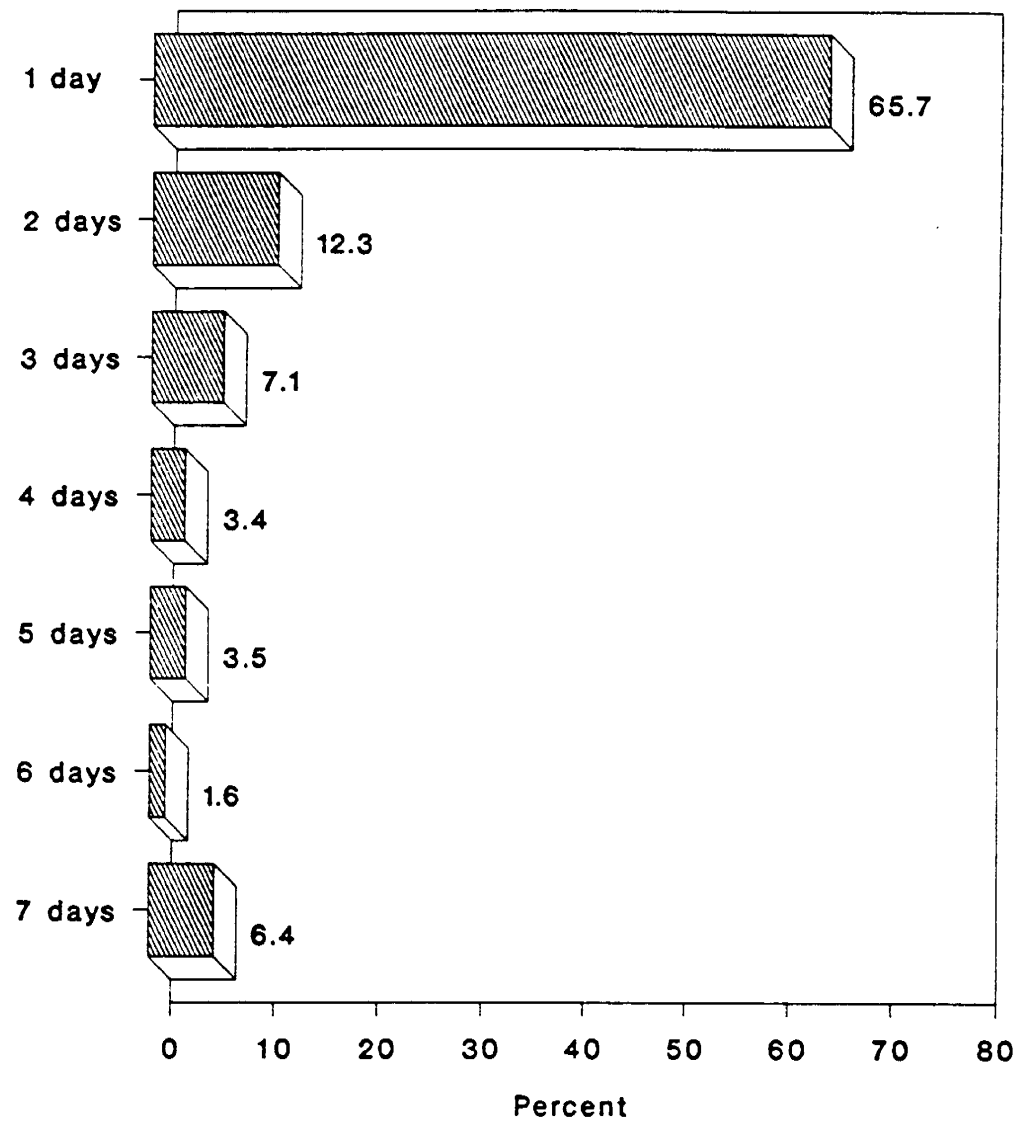
Figure 31  
Consumption of Cigarettes  
(Packs per Day)



Source

\*Study of Persons Not Covered by Health Insurance  
(Senate Bill 503, Chapter 648, Statutes of Nevada  
1991, pages 2152 - 2155), June 1992\*

Figure 32  
Consumption of Alcoholic Beverages  
(by day of week)



Source:

\*Study of Persons Not Covered by Health Insurance  
(Senate Bill 503, Chapter 648, Statutes of Nevada  
1991, pages 2152 - 2155), June 1992\*

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## APPENDIX A: RESEARCH METHODOLOGY

### SURVEY DESIGN

Several sources were utilized in the creation of the survey design. The Center met with the Technical Advisory Committee (TAC) to Board of Regents' Study of Persons Not Covered by Health Insurance, chaired by Senator Raymond D. Rawson, to discuss the focus of this study. Other members of the TAC include Assemblyman Rick Bennett, Charles Perry, Janice Pine, Marie Soldo, Randall Capurro, Frank Guisti Jr., Bill Bradley, and Teresa Rankin. These meetings set the basis for the draft of questions which: (1) would provide relevant information on the status of uninsured Nevadans, (2) would ensure that the questions addressed all topics mandated by Senate Bill No. 503, and (3) would enable comparison with the pertinent information in the *National Medical Expenditure Survey*. Additional input on the survey design was given by the State of Nevada Legislative Counsel Bureau, the Agency for Health Care Policy and Research, and the National Institute of Health. Health care coverage reports from Hawaii, Oregon, and Connecticut along with a health care questionnaire from Colorado were also reviewed for content.

By utilizing the information from the above sources, The Center constructed a questionnaire which focussed on five major areas: (1) health insurance coverage, (2) health insurance coverage for children, (3) satisfaction with health care in Nevada, (4) opinions about health care, and (5) household information. A copy of the questionnaire is provided in Appendix D.

#### Pretest

A pretest was conducted during February 1992 to determine whether respondents understood the questions and whether there existed a large number of nonresponses to some questions. Necessary revisions were made.

### SELECTING THE SURVEY METHOD

To ensure adequate representation of Nevada's population, two survey designs were created: a mail survey and a telephone survey. The rationale for choosing the survey methods and the selection of the sampling method for each are presented.

## Mail Survey

The mail format was utilized because of the breadth of issues that were covered, and to ensure coverage of the state in all its component parts, especially the sparsely populated rural areas. Furthermore, research has shown that this format is the best with sensitive issues.

## Sampling Method for the Mail Survey

The population for this study is defined as residents of Nevada. Since the number of residents represents such a large number and the costs of surveying all residents would be prohibitive, a survey from a subgroup of the state was conducted. However, to ensure that uninsured households were proportionally represented in the sample, a multi-stage sample design was implemented. That is, geographic areas expected to have a higher percentage of uninsured households were oversampled to allow for more precise estimates for these subgroups. By oversampling, more questionnaires were mailed per households to select areas.

The number of households was derived from two sampling elements--the number of completed questionnaires needed to meet the desired statistical criteria and the expected survey response rate. The first issue, the desired number of completed questionnaires, was derived from the fundamentals of sampling. The second issue, the expected response rate, was based on previous experience.

The desired sample size was computed from the sampling distribution of proportions. This required specification of the acceptable relative allowable error, an acceptable statistical confidence level, and an estimate of the population proportion. The acceptable relative allowable error was set at five percent. The acceptable statistical confidence level was set at 95 percent. This means that one would expect to generate a sample proportion that differs by five percent or less from the actual proportion 95-times-in-100 using random sampling.

Once having identified the minimum desired sample size, the next step is to specify the expected response rate. The Center usually has a response rate in excess of 20 percent. Therefore, based upon the two aforementioned criteria, it was determined that 13,000 households needed to be surveyed.

These surveys were divided equally between Clark County (referred to in the text as South), Washoe County, and rest of the state. After distribution of the survey, Washoe, Carson City, and Douglas were grouped

as North. The remaining rural counties were grouped as the Rural region.

A random list of 13,000 names of households was provided by Passkey Systems. The survey booklet was mailed with a postage-paid and addressed return envelope to the selected residents. The first mailing of questionnaires was on April 8, 1992.

To decrease nonresponse bias, multiple follow-ups were used. The first follow-up, a card, was sent one week after the first mailing April 16, 1992. The second follow-up, mailed approximately three weeks later (May 19, 1992), consisted of a letter along with a new questionnaire. And the final reminder, a follow-up letter and a new questionnaire, was mailed two weeks later (June 2, 1992).

Data from the questionnaires were coded and entered into a database designed for statistical analysis. A total of 4,693 questionnaires were returned as of June 26, 1992, resulting in a 36.1 percent return rate and slightly more than a 1 percent sample of the households in Nevada. As of July 1992, a total of 4,773 questionnaires have been received, a 36.7 percent response rate. This compares favorably to other mail surveys.

#### Telephone Surveys

In addition to sending the mail questionnaire, The Center decided to use the telephone survey technique to poll Las Vegas residents. They reasoned that results could be obtained more efficiently and at a greater savings by using this method. Also, not only do the largest number of blacks and Hispanics in the state live in Las Vegas but the majority of all Nevada residents live there. By conducting the telephone survey in Las Vegas rather than in the rural areas, a valid statistical sample was assured.

The telephone questionnaire, as would be expected, was shorter in length than the questionnaire used in the mail survey. The principal objective of the telephone survey was to determine health care coverage of Afro-Americans (hereafter referred to as blacks) and Hispanics (Hispanic origin of any race). Two questionnaires were designed with the expectation that one might produce a higher response rate. The questionnaires varied according to style.<sup>4</sup> One used an informal newspaper-type style referred to as "journalistic." The other questionnaire was designed according to Dillman's (1978) guidelines. Since the overall style was more formal, it was

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<sup>4</sup> The technique of using different styles to generate higher response rates of hard-to-reach households was used by Pottick and Lerman (1991).



called "academic." Thus, a multiple survey design helps researchers evaluate survey representativeness. Copies of the questionnaires are provided in Appendix D.

#### Sampling Method for the Telephone Survey

The population for this survey was comprised of blacks, Hispanics, and Caucasians (hereafter referred to as whites). The households were chosen at random. Census tracts with the largest concentrations of Hispanics and blacks in Las Vegas were selected. The white households were also drawn from the same area of residency as the two minority groups.

Based on statistical criteria, a sample of 1,200 households was established--400 households representing each of the three racial/ethnic groups. One-half of the households were administered the academic questionnaire, the other half received the journalistic. Likewise, half the sample was interviewed by an interviewer of the same race as the potential respondent (to increase response rate). The remaining one-half was interviewed by whites.

To circumvent problems associated with listed phone owners' numbers, random digit dialing was utilized. This method dials numbers randomly, thereby producing a random sample. A random list of 31,680 four-digit numbers was generated by computer, and 42 prefixes were assigned to the numbers.

#### Interviewers

The cadre of interviewers consisted of 10 whites, 3 blacks, 3 Hispanics, and 1 Asian. Interviewers were trained on the administration of the instrument and on general interviewing techniques. To supplement the training session, a sheet based on guidelines developed by Dillman (1978) on what the respondents might like to know about the survey was given to each interviewer (see Appendix D).

Interviews lasted approximately five minutes. At the start of each interview, interviewers identified their race and their affiliation with University of Nevada, Las Vegas. If requested, interviews were conducted in the preferred language of the respondent. All the interviews were conducted at The Center between 8:00 a.m. and 9:00 p.m. over a one-month period.

## APPENDIX B: FINDINGS OF THE MAIL SURVEY

This section presents demographic characteristics of Nevada adults and children. Using the findings of the mail questionnaire, information is presented on the number of adults in household, gender, ethnic/racial group, age, education, employment, household income, length of residency in Nevada, and type of residence. The sample consists of 8878 adults, approximately 1.89 adults per household. This finding is consistent with that of the 1990 Census--1.87 adults per household (U.S. Census of Population). As shown in Figure 33, the sample is composed primarily of whites (90.3 percent). Asians/Pacific Islanders, blacks, and American Indians constitute only 4.9 percent of the sample. Additionally, only 4.4 percent of the adults consider themselves Hispanic or Latino. Since Hispanic is a language-based classification, rather than racial, Hispanic adults also identified themselves as a member of one of the racial groups, for example, black or white.

The sexes are represented with near equality in the adult and in the under-18-years-of-age (children) samples. The overall results are reported in Figures 34 and 35. In reference to adults, 48.2 percent are male and 51.8 percent are female. Interestingly, however, male children are slightly better represented in the sample than are female children. Approximately fifty-two percent of the children are male and 49.9 percent are female.

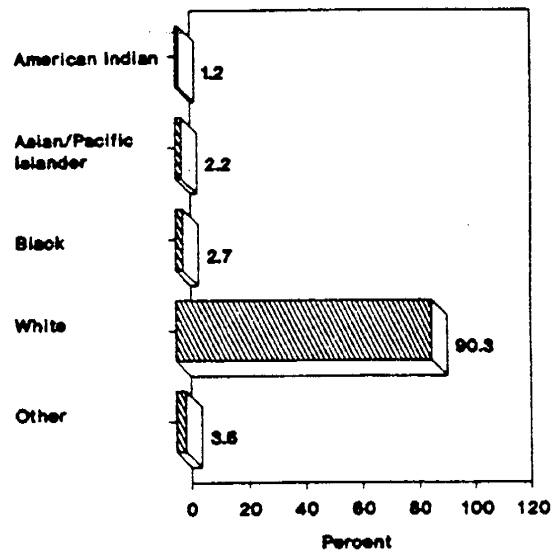
Figures 36, 37, and 38 present the age distributions for adult males, adult females, and children. About 57.2 percent of the males and 59 percent of the females are between 25 and 54 years of age. The age category "6 to 18 years" represents the largest percentage of children (68.7 percent).

Figure 39 shows that 55.8 percent of the adults have at least some college education, of which 6 percent have completed their graduate degree. In addition, approximately, 12.2 percent of the adults have not completed high school.

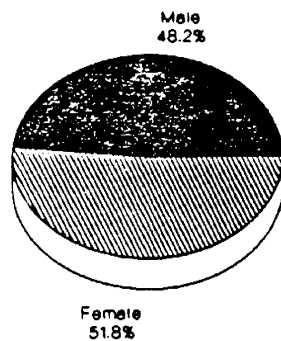
Primary employment results are depicted in Figure 40. Almost half (49.4 percent) of the adults are employed full-time, an additional 15.8 percent are self-employed or are employed part-time. About 17 percent of the adults are retired.

Figure 41 summarizes types of employment. About 80 percent of the adults (persons 19 years of age or older) indicated that they are employed with 70.4 percent of the adults being permanently employed outside the

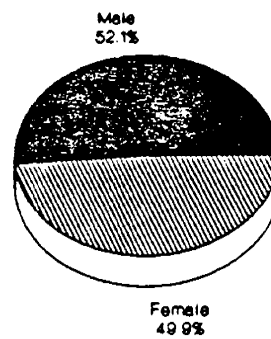
**Figure 33**  
**Ethnic/Racial Group**  
**of Adults in Household**



**Figure 34**  
**Sex Distribution of**  
**Adults in Household**

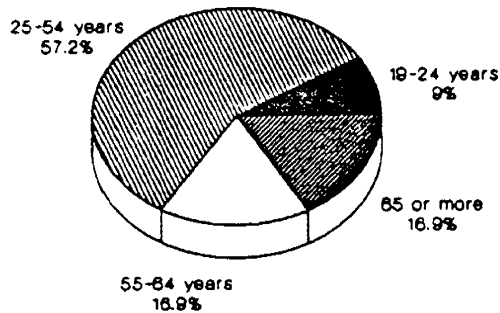


**Figure 35**  
**Sex Distribution of**  
**Children in Household**

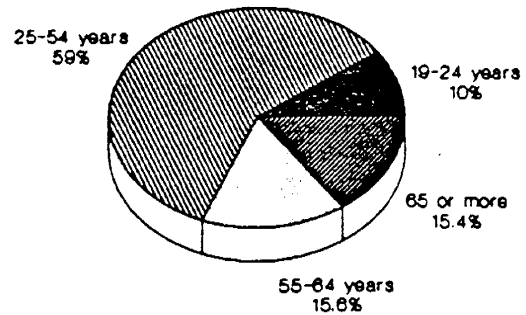


Source:  
 \*Study of Persons Not Covered by Health Insurance  
 (Senate Bill 503, Chapter 648, Statutes of Nevada  
1991, pages 2152 - 2155), June 1992\*

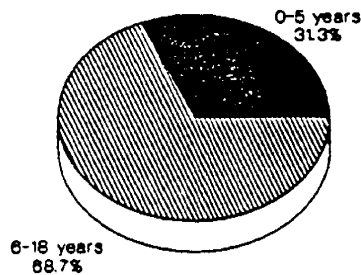
**Figure 36**  
**Age Distribution of**  
**Adult Males in Household**



**Figure 37**  
**Age Distribution of**  
**Adult Females in Household**



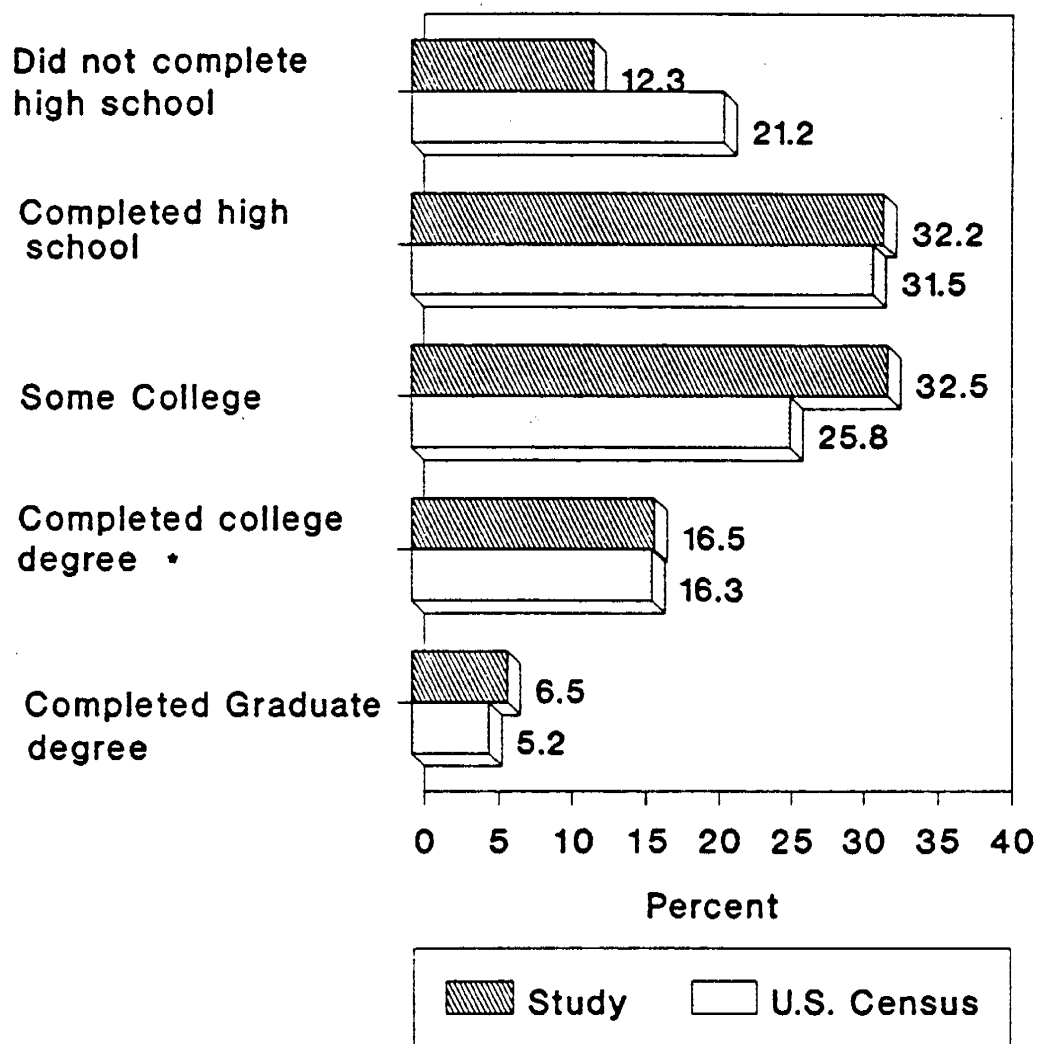
**Figure 38**  
**Age Distribution of**  
**Children in Household**



Source:

\*Study of Persons Not Covered by Health Insurance  
 (Senate Bill 503, Chapter 648, Statutes of Nevada  
1991, pages 2152 - 2155), June 1992\*

**Figure 39**  
**Level of Education**  
**of Adults in Household**

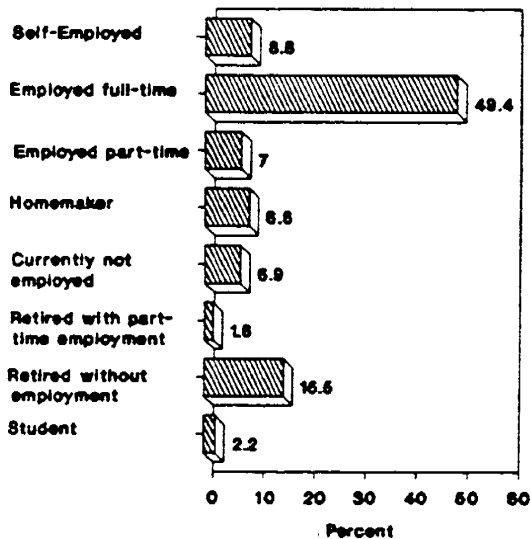


\* U.S. Census includes associate degree

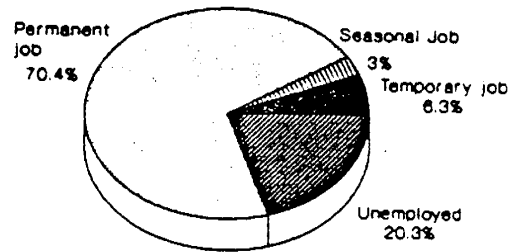
Source:

"Study of Persons Not Covered by Health Insurance  
(Senate Bill 503, Chapter 648, Statutes of Nevada  
1991, pages 2152 - 2155), June 1992"

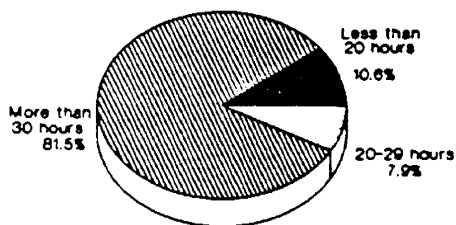
**Figure 40**  
Primary Employment for Adult  
Respondents in Household



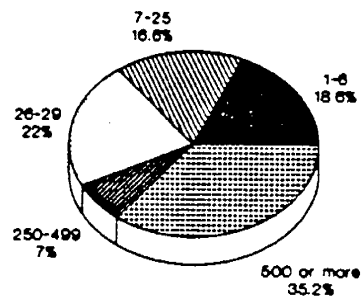
**Figure 41**  
Type of Employment  
of Adults



**Figure 42**  
Hours Worked per Week



**Figure 43**  
Size of Employer of Adults  
(According to Number of Employees)



Source:  
"Study of Persons Not Covered by Health Insurance  
(Senate Bill 503, Chapter 648, Statutes of Nevada  
1991, pages 2152 - 2155), June 1992"

home.<sup>5</sup> About 20 percent of the adults are unemployed.<sup>6</sup> And, about 81.5 percent of the adults work 30 hours or more per week (see Figure 42).

Approximately three-fourths (74.8 percent) of all adults (persons 19 years through 64 years of age) work outside the home for income. Figure 43 presents the size of employers based on the number of employees. About 65 percent of the adults are employed by firms of less than 500 employees. The firm size representing the largest percentage of working adults is one with 500 or more employees (35.2 percent).

Table 18 summarizes the types of occupations for adult males and females. About 40 percent of the adults are employed in two occupations: professional/managerial (25.2 percent) and technical trades (15.1 percent). And about 11 percent of the adults are employed in hotel/gaming. Since one out of four of the establishment-based work force is employed in hotel/gaming, this sector is underrepresented in the preliminary sample.

The length of residency in Nevada compared with findings from the *Las Vegas Perspective* is shown in Figure 44. About 40 percent of the respondents have lived in Nevada for more than 20 years. The average length of residency at their current address is 9.4 years. As shown in Figure 45, about 65.3 percent of the respondents live in houses and 15.6 percent live in apartments. Figure 45 also provides a comparison of this study's findings with those of the *Las Vegas Perspective* and the *Reno Outlook*.<sup>7</sup> Figure 46 shows that, about 41 percent of the household incomes are below \$25,000.

For summary information on the person completing the mail questionnaire, see Table 19. Approximately 65 percent of the respondents were between 25 and 54 years of age and 58.2 percent were female.

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<sup>5</sup> Using a different definition (persons 16 years and over), 65 percent of the population in April 1990 was employed, according to the 1990 Census.

<sup>6</sup> Results from a separate question on unemployment reveal that 2.7 percent of the adults are currently receiving unemployment compensation.

<sup>7</sup> The *Las Vegas Perspective* is a community survey sponsored by the *Las Vegas Review-Journal*, the Nevada Development Authority, and the First Interstate Bank of Nevada, N.A. in cooperation with the Center for Business and Economic Research at the University of Nevada, Las Vegas. The *Reno Outlook* is also a community survey sponsored by the First Interstate Bank, Nevada Bell, and Sierra Pacific Resources in association with the Economic Development Authority of Western Nevada and the University of Nevada, Reno Bureau of Business and Economic Research.

# Table 18 Primary Occupation of Adults in Household

Percent

*(Non-Hotel/Gaming)*

Homemaker	12.1%
Mining/Agriculture	2.7
Professional/Managerial	25.2
Public Employee/Active Armed Forces	10.1
Sales	8.5
Services	15.7
Technical/Trades	15.1

*(Hotel/Gaming)*

Management	2.1
Food and Beverage	3.1
Gaming	4.4
Security	1.0

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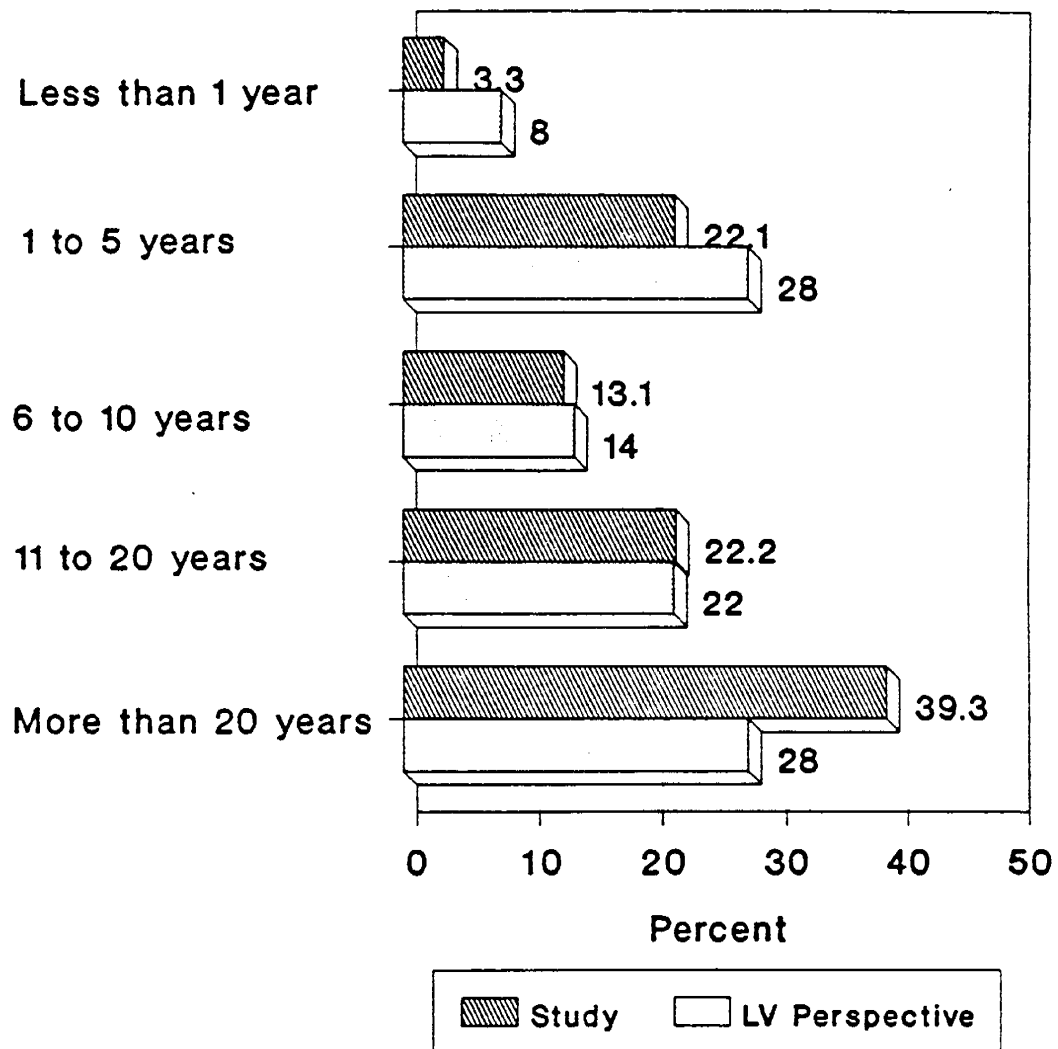
Total	100.0 %
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Source:

\*Study of Persons Not Covered by Health Insurance  
(Senate Bill 503, Chapter 648, Statutes of Nevada  
1991, pages 2152 - 2155), June 1992\*



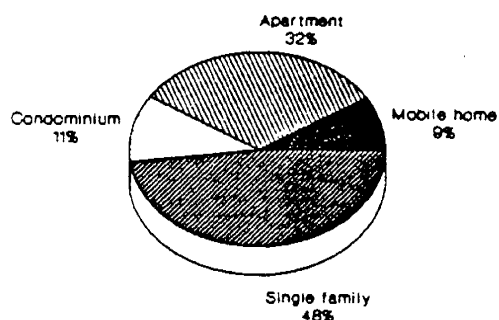
**Figure 44**  
**Length of Residency in Nevada**  
**of Respondents**



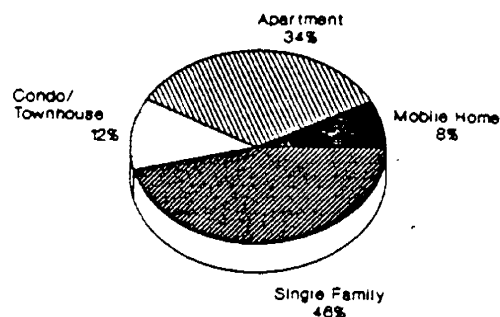
Source:  
 \*Study of Persons Not Covered by Health Insurance  
 (Senate Bill 503, Chapter 648, Statutes of Nevada  
1991, pages 2152 - 2155), June 1992\*

# Figure 45

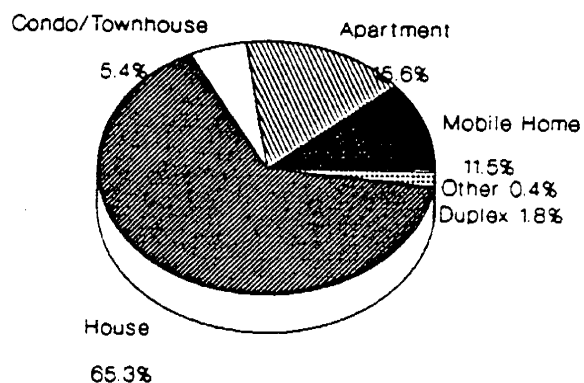
## Type of Residence of Respondents (Reno Outlook)



## Type of Residence of Respondents (Las Vegas Perspective)



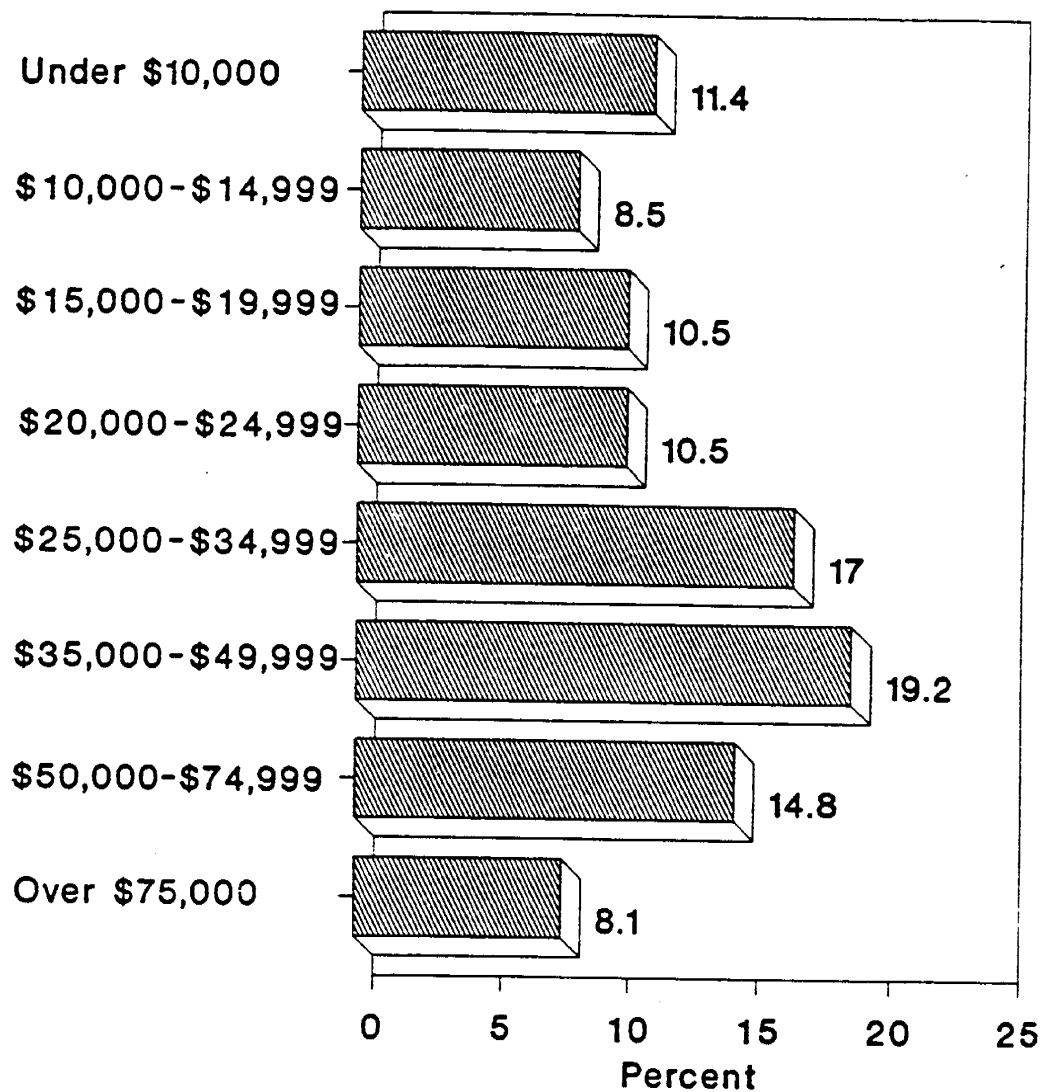
## Type of Residence of Respondents (This Study)



Source:

"Study of Persons Not Covered by Health Insurance  
(Senate Bill 503, Chapter 648, Statutes of Nevada  
1991, pages 2152 - 2155), June 1992"

Figure 46  
Total Household Income  
of Respondents



Source:

\*Study of Persons Not Covered by Health Insurance  
(Senate Bill 503, Chapter 648, Statutes of Nevada  
1991, pages 2152 - 2155), June 1992\*

**Table 19**  
**Gender and Age Distributions of Person**  
**Completing the Questionnaire**

	Percent
Age	
19-24 years	3.4%
25-54 years	64.9
55-64 years	16.6
65 or more years	15.1
	-----
Total	100.0%
Gender	
Male	41.8%
Female	58.2
	-----
Total	100.0%

Source:

"Study of Persons Not Covered by Health Insurance  
 (Senate Bill 503, Chapter 648, Statutes of Nevada  
1991, pages 2152 - 2155), June 1992"

## **APPENDIX C: FINDINGS OF THE TELEPHONE SURVEY**

This section also presents demographic characteristics of Nevada adults and children using the findings of the telephone survey. Information is given on the number of adults in household, ethnic racial/group, gender, age, employment, length of residency, country of origin, residency in Nevada and in the U.S., type of residence, and household income.

The sample consists of 2995 adults, approximately 2.14 adults per household. This finding is similar to that of the mail survey and the 1990 Census. The adult sample is composed of whites, Hispanic, and black households.

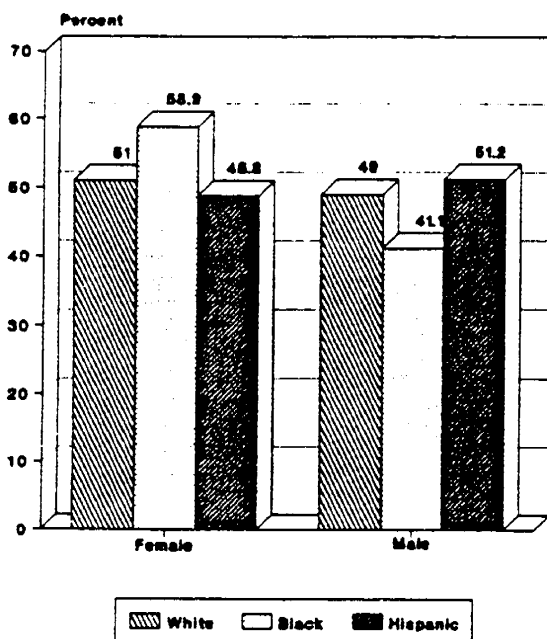
The sexes are represented with near equality in the white and Hispanic adult samples (see Figure 47), whereas in the black adult sample, females constitute a larger percentage than do males (58.9 and 41.1 percents, respectively).

Figures 48, 49, and 50 present the age distributions by race/ethnicity for adult males, adult females, and children (18 years and younger). Figures 48 and 49 show that the age category "25 to 54 years" represents the largest percentage of male and female adults for all three racial/ethnic groups. In reference to children, the age group "6 to 18 years" represents the category with the largest percentage of children (see Figure 50).

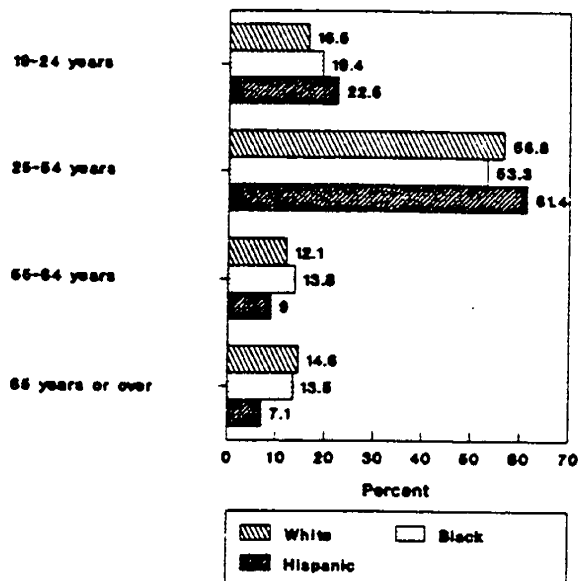
Approximately 57.3, 52.3, and 61.2 percents of the white, black, and Hispanic adults (persons 19 and older) work outside the home for income. In addition, the majority of adults have permanent jobs (see Figure 51). Regarding unemployment, 26.3, 29.7, and 29 percents of the white, black, and Hispanic adults currently do not have a job.

Figures 52 through 55 present residency characteristics of the respondents by race/ethnicity. Figure 52 shows that over 90 percent of the black and white respondents and 52.1 percent of the Hispanic respondents were born in the United States. The list of countries representing the foreign-born adults is listed in Appendix E. The average length of residency for foreign-born whites, blacks, and Hispanics is 15, 15.1, and 11.8 years, respectively (see Figure 53). Fifty-six and 72.7 percents of the white and black respondents, respectively, have resided in Nevada for 11 or more years (refer again to Figure 54). The corresponding percentage for Hispanics is significantly less--38.3 percent.

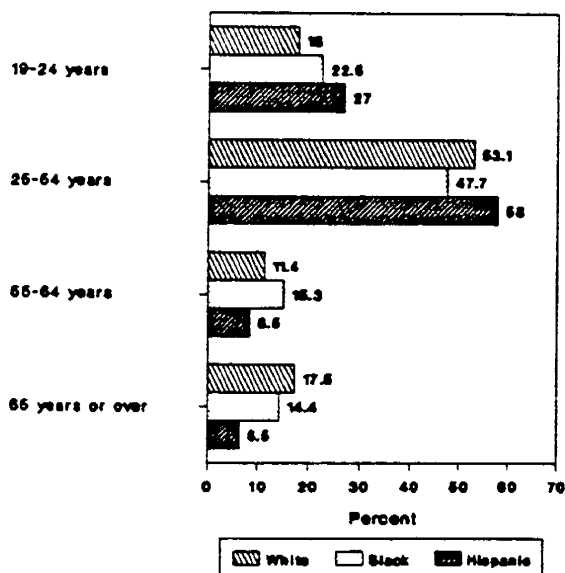
**Figure 47**  
Gender Distribution of Adults  
(by Race/Ethnicity)



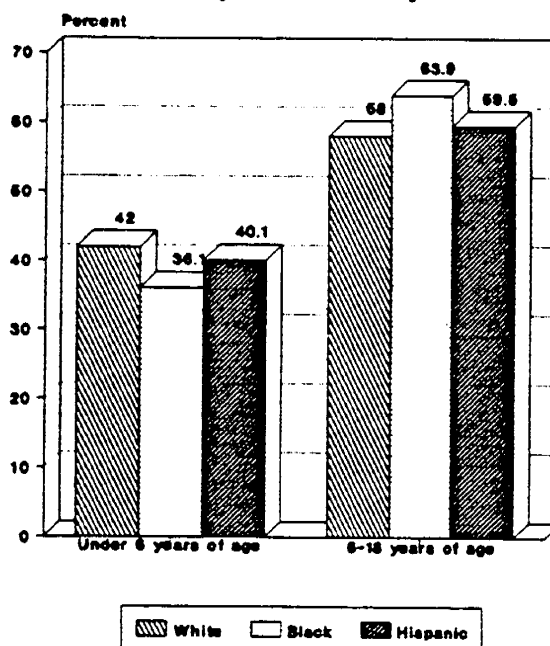
**Figure 48**  
Age Distribution of Adult Males  
(by Race/Ethnicity)



**Figure 49**  
Age Distribution of Adult Females  
(by Race/Ethnicity)

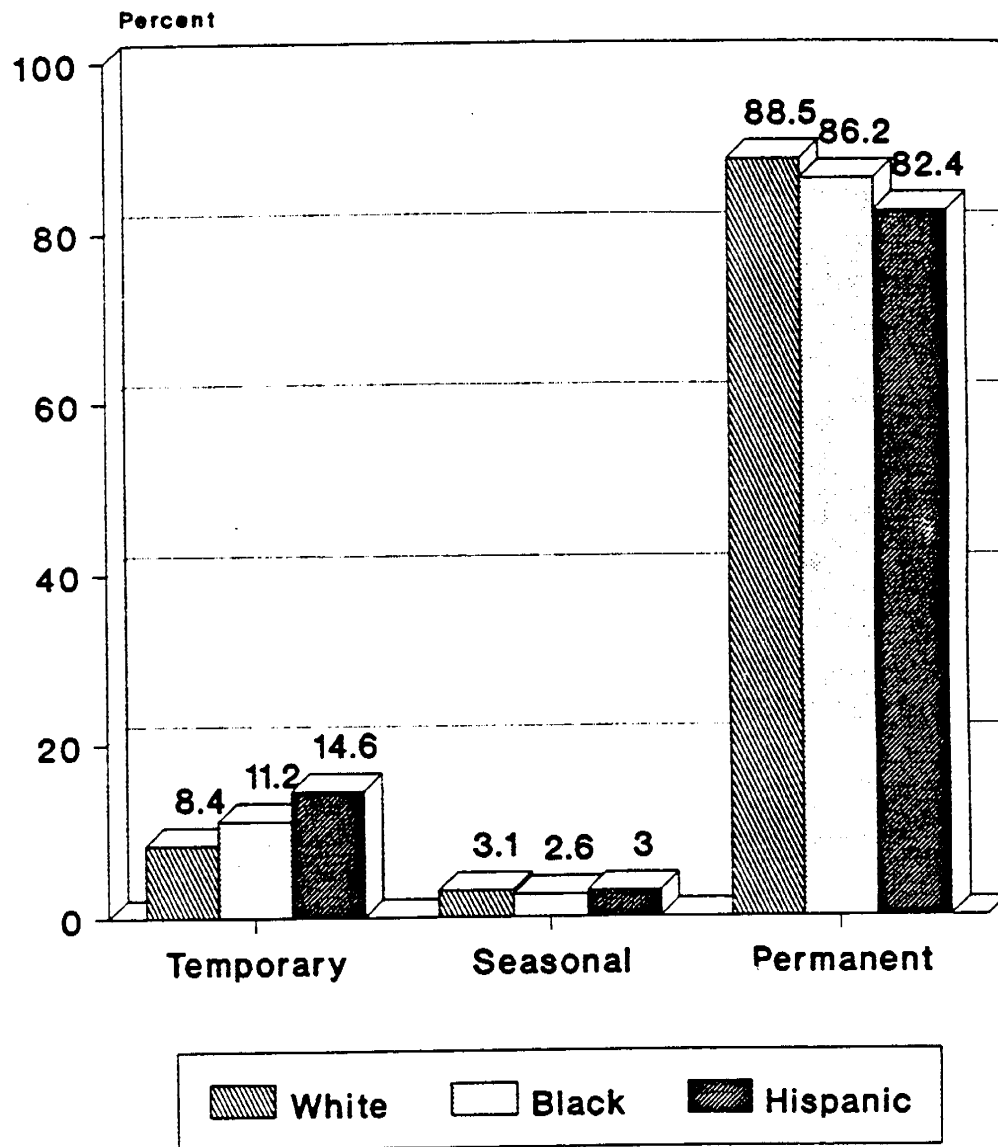


**Figure 50**  
Age Distribution of Children  
(by Race/Ethnicity)



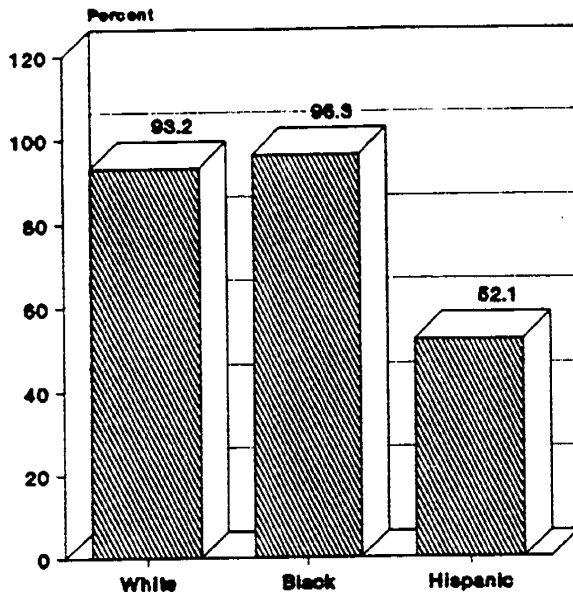
Source:  
"Study of Persons Not Covered by Health Insurance  
(Senate Bill 503, Chapter 648, Statutes of Nevada  
1991, pages 2152 - 2155), June 1992"

**Figure 51**  
**Distribution of Types of Jobs**  
*(by Race/Ethnicity)*

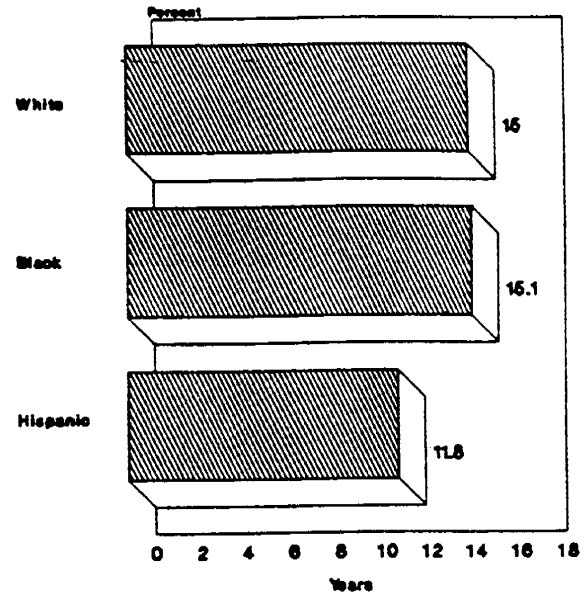


Source:  
 \*Study of Persons Not Covered by Health Insurance  
 (Senate Bill 503, Chapter 648, Statutes of Nevada  
1991, pages 2152 - 2155), June 1992\*

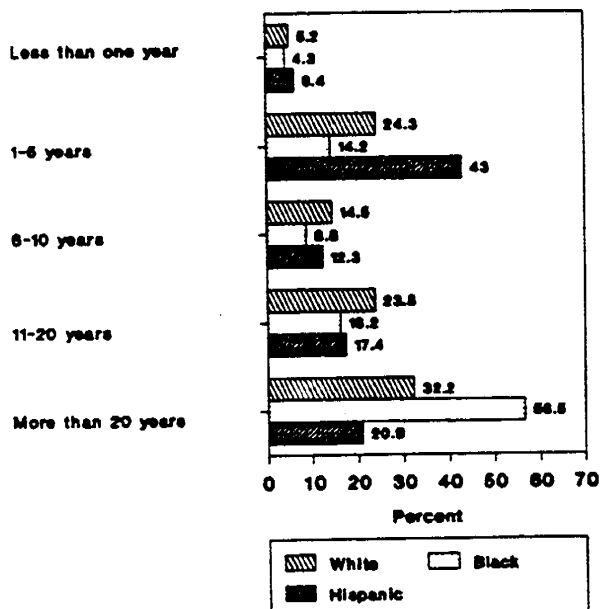
**Figure 52**  
**Percentage of Respondents**  
**Born in the U.S.**  
*(by Race/Ethnicity)*



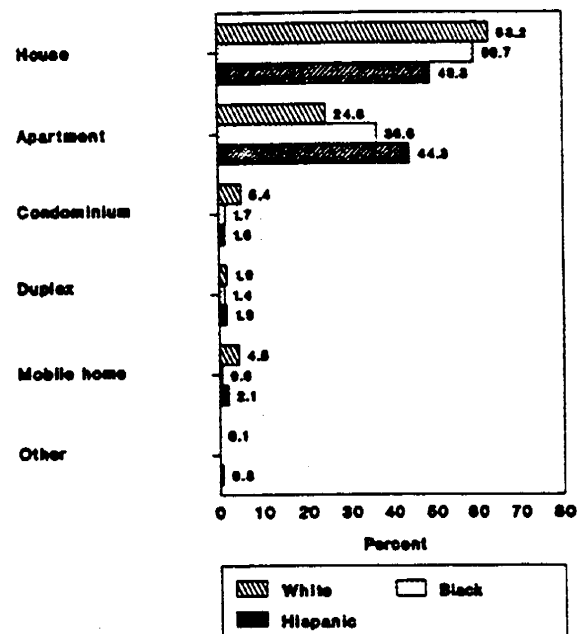
**Figure 53**  
**Average Length of Residency in the**  
**United States for Foreign-Born**  
*(by Race/Ethnicity)*



**Figure 54**  
**Length of Residency in Nevada**  
*(by Race/Ethnicity)*



**Figure 55**  
**Type of Residence**  
*(by Race/Ethnicity)*



Source:  
 \*Study of Persons Not Covered by Health Insurance  
 (Senate Bill 503, Chapter 648, Statutes of Nevada  
 1991, pages 2152 - 2155), June 1992\*



Regarding type of residence, Figure 55 shows that the majority of white and black respondents live in houses (63.2 and 59.7 percents, respectively). Hispanics are more divided regarding their principal place of residence--49.3 percent live in houses and 44.3 percent live in apartments.

Finally, the distribution of households according to income categories is provided in Figure 56. Approximately 38, 30, and 27 percents of the white, black, and Hispanic household incomes are in the \$25,000 to \$49,999 range. Notice also that the percentage of blacks and Hispanics earning \$9,999 or less is about twice that of whites, whereas the percentage of whites earning \$50,000 and more is approximately twice that of blacks and Hispanics.

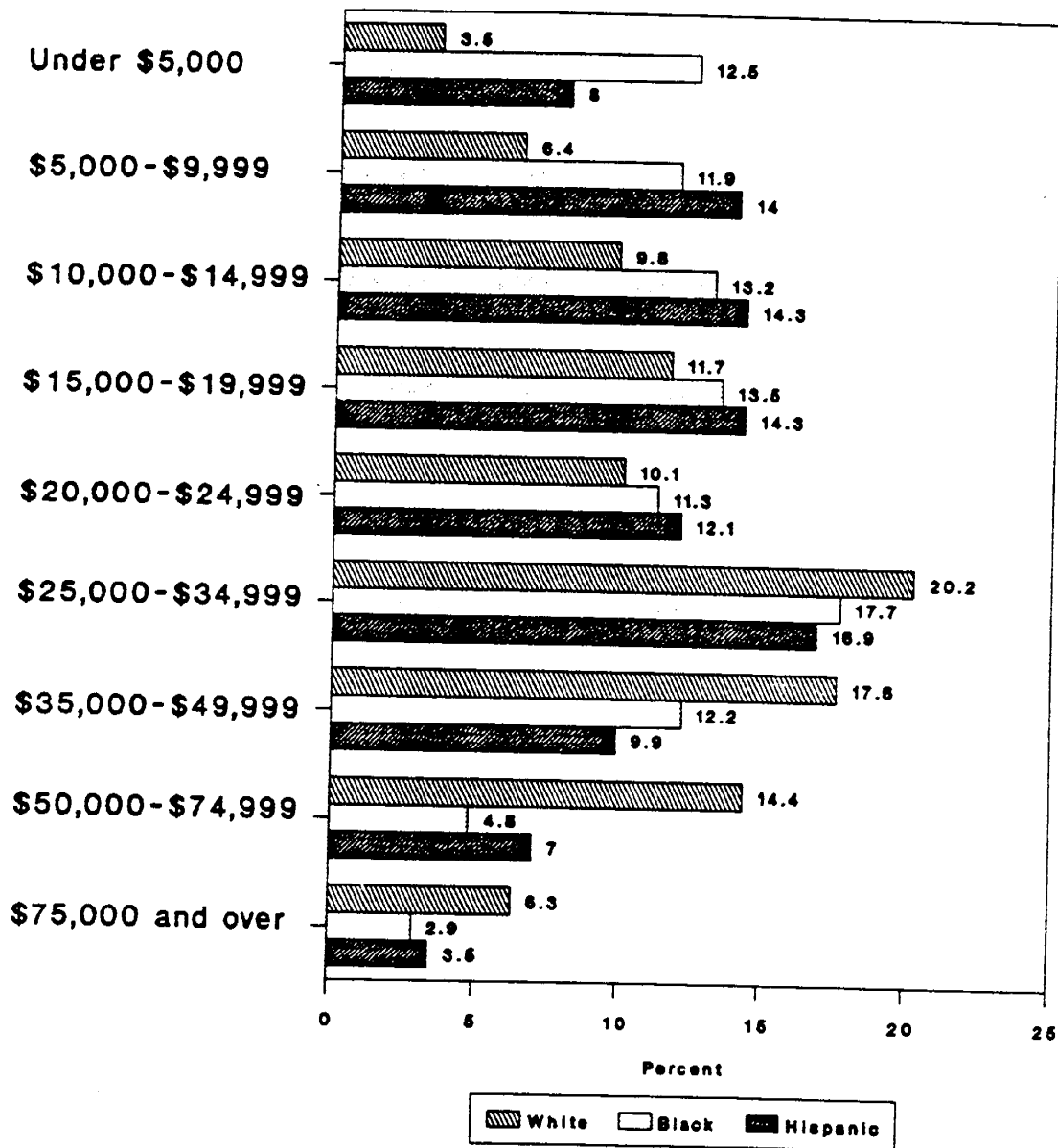
#### Significance of Factors Affecting Coverage

We completed a log-linear statistical analysis to address the question of whether or not there was a significant difference between the telephone surveys when grouped by coverage, style of survey, race and ethnic background of the respondent, hispanic background, language spoken, and income. That is, we listed whether or not there was a significant difference in the response patterns for each characteristic. Comparisons of two or more characteristics are of interest.

Fifteen comparisons of two grouping factors were computed. Chi-square values were computed for each comparison enabled tests of statistical significance. A 5 percent significance level was used. In only three cases did we find a statistically significant difference. These cases were: (1) coverage and income, (2) income and race, and (3) race and hispanic. The finding for cases (2) and (3) were expected. Moreover, they are independent of coverage.

As a consequence, based on income alone, two important findings were reached. First, questionnaire style, language, race and ethnicity are significantly related to coverage response. Second, income is significantly related to coverage. As a result, these findings point to the significance of household income in influencing coverage. And, survey responses were weighted using 1990 Census income distributions.

**Figure 56**  
**Income Distribution**  
*(by Race/Ethnicity)*



Source:  
 \*Study of Persons Not Covered by Health Insurance  
 (Senate Bill 503, Chapter 648, Statutes of Nevada  
1991, pages 2152 - 2155), June 1992\*

## **APPENDIX D: MAIL AND TELEPHONE QUESTIONNAIRE SAMPLES**



## Nevada Legislature

### Health Care Survey

Nevadans have become increasingly concerned about gaps in health care insurance coverage. This survey seeks your opinions about the importance of health insurance and your current health insurance coverage status. The survey results will be presented to state policy-makers.

Your opinion is important. Your household is one of a small number we are asking for opinions. Since the households to be sampled were randomly selected, it is important that each question be completed and the survey returned.

Please take a few minutes to complete this questionnaire. Most questions may be answered with a simple check. If you wish to comment on any question or qualify your answers, please feel free to use the space at the end of the questionnaire or the space in the margins. Your comments will be read and taken into account.

After completing the booklet, simply drop it in the mail. The return address and necessary postage is on the back cover of this booklet. Again, thanks for sharing your opinions.

## I. Health Insurance Coverage

1. How many people are in your household?

Children (0-5 years): \_\_\_\_\_  
(6-18 years): \_\_\_\_\_

Adult Women (19-24 years): \_\_\_\_\_ Adult Men (19-24 years): \_\_\_\_\_  
(25-54 years): \_\_\_\_\_ (25-54 years): \_\_\_\_\_  
(55-64 years): \_\_\_\_\_ (55-64 years): \_\_\_\_\_  
(65 or more): \_\_\_\_\_ (65 or more): \_\_\_\_\_

2. Have all members in your household been covered by health insurance during the past year?

☐ Yes (Go to Question 3)

☐ No

	Yes	No
Are all household members currently covered?	<input type="checkbox"/>	<input type="checkbox"/>
Were all household members covered during the last <i>three</i> months?	<input type="checkbox"/>	<input type="checkbox"/>
Were all household members covered during the last <i>six</i> months?	<input type="checkbox"/>	<input type="checkbox"/>
Were all household members covered during the last <i>nine</i> months?	<input type="checkbox"/>	<input type="checkbox"/>
How many members in your household during the past year were (or currently are) uninsured? _____		
Children (0-5 years): _____ (6-18 years): _____		
Adult Women (19-24 years): _____ Adult Men (19-24 years): _____ (25-54 years): _____ (25-54 years): _____ (55-64 years): _____ (55-64 years): _____ (65 or more): _____ (65 or more): _____		

3. How many adults in your household usually work outside the home for income? \_\_\_\_\_

4. Please complete for each adult:

	Adult 1	Adult 2	Adult 3	Adult 4
Age: _____	_____	_____	_____	_____
Sex: _____	_____	_____	_____	_____
Person Completing Questionnaire (If yes, check box)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Currently covered by health insurance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Covered by health insurance throughout the year	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

(Please check for each adult)

	Adult 1	Adult 2	Adult 3	Adult 4
<i>Type of Employment (Please check one)</i>				
Temporary job	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Seasonal job	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Permanent job	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Unemployed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<i>Hours Worked per Week (Please check one)</i>				
less than 20 hours	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
20-29 hours	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
30 or more hours	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<i>Employer Size (Please check one)</i>				
1-6 employees	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7-25 employees	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
26-249 employees	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
250-499 employees	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
500 or more employees	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<i>Ethnic/Racial Group</i> (Which racial group do you consider yourself a member of?)				
American Indian	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Asian/Pacific Islander	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Black	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
White	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<i>(If yes, check box)</i>				
Do you consider yourself Hispanic or Latino?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Are you currently receiving unemployment compensation?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Are your physical activities limited in any way because of health?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Do you need or wear glasses or contact lenses?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Do you need or use a hearing aid?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

5. If covered by health insurance at any time during the past year, please complete. Otherwise, check box ☐ and go to question 6.

	Adult 1	Adult 2	Adult 3	Adult 4
<i>(If yes, check box)</i>				
Health insurance provided through your work or union	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Health insurance provided through someone else's work or union	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

	Adult 1	Adult 2	Adult 3	Adult 4
Health insurance bought directly by yourself or your family	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Medicare	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Had a choice of health care insurance plans provided by employer	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Champus, Campva coverage	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Dental Coverage	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Vision Coverage	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Medicaid	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
County Assistance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

6. Please check if any adult sought any medical attention during the last year but did not get it. Otherwise, check box ☐ and go to question 7.

	Adult 1	Adult 2	Adult 3	Adult 4
(If yes, check box)				
Didn't get medical attention	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Was it serious?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Reason they did not get medical care: (Check only ONE for each adult not receiving medical care)				
Could not get an appointment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Did not know a good doctor or clinic to go to	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
It cost too much	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Could not get off work	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
There was no easy way to get to the doctor's office or clinic	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Not covered by insurance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Too nervous or afraid	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other: _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

7. Primary Employment Status (Check only ONE for each adult)

	Adult 1	Adult 2	Adult 3	Adult 4
Self-employed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Employed Full-Time (30 hours per week or more)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Employed Part-Time (less than 30 hours per week)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Homemaker (Full-Time)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Currently Not Employed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Retired with Part-Time Employment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Retired without Employment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Student	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

	Adult 1	Adult 2	Adult 3	Adult 4
<b>Highest Level of Education (Check only ONE for each adult)</b>				
Did not complete High School	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Completed High School	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Some College	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Completed College Degree	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Completed Graduate Degree	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Primary Occupation (Check only ONE for each adult)**

**(Non-Hotel/Gaming)**

Homemaker	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mining/Agriculture	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Professional/Managerial	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Public Employee/Active Armed Forces	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sales	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Technical/Trades	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other: _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**(Hotel/Gaming)**

Management	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Food and Beverage	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Gaming	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Security	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other: _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

8. If not covered by health insurance throughout the past year, select the reasons you did not have health insurance coverage. (Please check all that apply) Otherwise, check box ☐ and go to question 9.

	Adult 1	Adult 2	Adult 3	Adult 4
Job doesn't offer coverage	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
In between job or don't have job	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Too expensive, can't afford	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
In good health, don't need health insurance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Refused insurance by insurance company because of health reasons	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Refused insurance by the insurance company for non-health reasons	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Please specify reason: _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I declined to take health insurance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other: _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



**II. Child Health (If no children, please check ☐ and go to Section III, question 11)**

9. Please complete for each child through age 18 in your household (*If more than six children, please check ☐ and complete information for the six youngest children*).

	Child 1	Child 2	Child 3	Child 4	Child 5	Child 6
Age: _____	_____	_____	_____	_____	_____	_____
Sex: _____	_____	_____	_____	_____	_____	_____
<i>(If yes, check box)</i>						
Currently covered by health insurance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Covered by health insurance throughout the year	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Health insurance provided through an adult's work or union	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Health insurance bought directly by an adult	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Overall Health:						
Excellent	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Good	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Fair	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Poor	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<i>(Check each if applicable)</i>						
Has the child had a severe pain or distress within past three months?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Are the child's physical activities limited in any way because of health?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Does the child need or wear glasses or contact lenses?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Does the child need or use hearing aid?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

10. For each child, please check if guardian or parent *sought* medical care for the child during the past year *but did not get it*.

	Child 1	Child 2	Child 3	Child 4	Child 5	Child 6
<i>(If yes, check box)</i>						
Didn't get medical care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Was it serious?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Reason they did not get medical care: (Check only ONE for each child not receiving medical care)

	Child 1	Child 2	Child 3	Child 4	Child 5	Child 6
Could not get an appointment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Did not know a good doctor or clinic to go to	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
It cost too much	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Could not get off work	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
There was no easy way to get to the doctor's office or clinic	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Not covered by insurance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Too nervous or afraid	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other: _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other: _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Has the child ever been immunized for: (Please check each)

DPT (Diphtheria, Polio, Tetanus)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
MMR (Measles, Mumps, Rubella)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

If not immunized, why?

☐ Cost      ☐ Religious belief      ☐ Other: \_\_\_\_\_

### III. Satisfaction with Health Care in Nevada

11. Please rate your satisfaction with the following elements of the health care services that are available to you and your household.

	Very Satisfied	Somewhat Satisfied	Somewhat Dissatisfied	Very Dissatisfied
The ability to see a doctor whenever needed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The availability of dental services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The quality of <u>doctors</u>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The quality of <u>in-hospital care</u>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
How far you have to travel to see a doctor	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The amount of time you have to wait to see a doctor after you have an appointment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The attitude of doctors and other medical staff towards patients and their families	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The total cost of health care, including what both you and your insurance pay	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The out-of-pocket cost of health care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The availability of a community mental health center	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

12. During the past year has a member of your household:

	Yes	No
Been a patient overnight in a hospital?	<input type="checkbox"/>	<input type="checkbox"/>
Received out-patient services?	<input type="checkbox"/>	<input type="checkbox"/>

13. During the past year has any member of your household been refused health care because they didn't have insurance or they couldn't pay:

	Yes	No
Refused by doctor?	<input type="checkbox"/>	<input type="checkbox"/>
Refused by hospital?	<input type="checkbox"/>	<input type="checkbox"/>

14. If a member of your household is pregnant, is she under the care of a doctor?

☐ Yes                      ☐ No                      ☐ Not applicable

15. In the past year, has a member of your household been unable to make or keep medical appointments because of a lack of transportation?

☐ Yes                      ☐ No

16. If you smoke, on average, how many cigarettes a day do you smoke (20 cigarettes = 1 pack)? \_\_\_\_\_

17. How many days within the past week did you drink any alcoholic beverages? \_\_\_\_\_

#### IV. Opinions about Health Care

18. Which of the following statements comes closest to expressing your overall view of the American health care system? *(Check only one)*

- ☐ On the whole the health care system works pretty well, and only minor changes are necessary to make it work better.
- ☐ There are some good things in our health care system, but major changes are needed to make it work better.
- ☐ The American health care system has so much wrong with it that we need to completely rebuild it.

19. Please check the box which best reflects your agreement with each of the following statements.

	Agree Strongly	Agree Somewhat	Disagree Somewhat	Disagree Strongly
Everybody should have the right to see a doctor and be admitted to the hospital when they need it	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Hospitals and doctors should not be forced to treat patients who have no insurance and can't afford to pay fees	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

	Agree Strongly	Agree Somewhat	Disagree Somewhat	Disagree Strongly
Nobody should be refused health care which they need just because they can't afford to pay fees	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Government should ensure that everybody has basic health insurance for both doctor and hospital care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Nevadans should have access to at least a minimum level of health care regardless of their ability to pay	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Employers have a responsibility to provide employee health insurance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
State taxes should be raised to increase access to health care for uninsured people	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Health insurance is the most important of the employee benefits that employers can provide	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Businesses can pass on the cost of employee health insurance to customers in the form of higher prices	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
There is no real competition among health care providers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
There is no real competition among health insurance providers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Government should pay the health insurance premiums of those who can't afford them	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Government must regulate health care to bring costs under control	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
If a person is not provided with health insurance by their employer, the person should be required to buy their own coverage	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Employers should be required to provide a basic level of employee health insurance coverage	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Employees should pay at least half of the premiums in an employer sponsored health insurance coverage	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Everyone, through the government, should share the cost of providing health care to uninsured people	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
People should be allowed to make a profit in providing health care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

20. I would support a health insurance program for all people in the State of Nevada.

- |   |  |
|---|--|
| <input type="checkbox"/> Agree strongly | <input type="checkbox"/> Disagree somewhat |
| <input type="checkbox"/> Agree somewhat | <input type="checkbox"/> Disagree strongly |

21. Please check the box which best expresses your opinion for each of the following statements. Assuming the costs can not be split or shared, who should pay the health insurance premium?

	The person	The person's Employer	The Government
A person working full-time whose total family income is about \$30,000 per year	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The dependents (children, spouse, etc.) of a person working full-time whose total family income is about \$30,000 per year	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
A person working full-time whose total family income is less than \$15,000 per year	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The dependent of a person working full-time whose total family income is less than \$15,000 per year	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
An unemployed person	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
A person working part-time whose total family income is less than \$15,000 per year	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
A teenage part-time worker, living at home, whose total family income is about \$30,000 per year	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

22. Would you say that your health insurance benefits today are better, worse, or about the same as they were 12 months ago?

☐ Better ☐ Worse ☐ Same

23. Twelve months ago did you have a different health insurance plan or no plan at all?

☐ Different plan ☐ Same plan/same benefits  
☐ Same plan/different benefits ☐ No plan

24. In the last 12 months, has it been easier or more difficult for you and your family to get the medical help you need, or hasn't it changed in the last year?

☐ Easier ☐ More difficult ☐ Hasn't changed

25. Overall, how would you rate the degree of financial difficulty in paying your medical bills during the last 12 months?

☐ Very easy ☐ Somewhat easy  
☐ Somewhat difficult ☐ Very difficult

26. Please indicate which *four* of the following health care insurance features are the most important to your household (that is: 1 = most important, 2 = 2nd most important, 3 = 3rd most important, and 4 = 4th most important): Enter number.

\_\_\_\_ Monthly Premium  
 \_\_\_\_ Routine Check-up Coverage  
 \_\_\_\_ Prescription Drug Coverage  
 \_\_\_\_ Ability to Choose Own Physician  
 \_\_\_\_ Dental Coverage  
 \_\_\_\_ Out of Pocket Cost for Services Provided (deductible, coinsurance, or copayment)  
 \_\_\_\_ Maternity Coverage  
 \_\_\_\_ Service Provided by Insurance Company  
 \_\_\_\_ Overall Benefit Coverage  
 \_\_\_\_ Vision Coverage  
 \_\_\_\_ Catastrophic Coverage (more than \$25,000)

Please rate the importance of each of the following health care insurance features for your household.

	Very Important	Fairly Important	Not So Important	Not At All Important
Monthly Premium	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Routine Check-up Coverage	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Prescription Drug Coverage	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ability to Choose Own Physician	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Dental Coverage	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Out of Pocket Cost for Services Provided (deductible, coinsurance, or copayment)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Maternity Coverage	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Service Provided by Insurance Company	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Overall Benefit Coverage	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Vision Coverage	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Catastrophic Coverage (more than \$25,000)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

#### IV. Household Information

27. How long have you lived in Nevada?

- ☐ Less than one year    ☐ 6 to 10 years    ☐ More than 20 years  
☐ 1 to 5 years    ☐ 11 to 20 years

28. Do you live in a:

- ☐ House    ☐ Condo/Townhouse    ☐ Duplex  
☐ Apartment    ☐ Mobile Home    ☐ Other

29. How long have you lived at your current address? \_\_\_\_\_

30. What is your approximate total household income?

- ☐ Under \$10,000    ☐ \$20,000 - \$24,999    ☐ \$50,000 - \$74,999  
☐ \$10,000 - \$14,999    ☐ \$25,000 - \$34,999    ☐ Over \$75,000  
☐ \$15,000 - \$19,999    ☐ \$35,000 - \$49,999

31. Current zipcode? \_\_\_\_\_

32. Please use this space to express any additional thoughts or comments that you might care to share with us.

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Thank you for your response



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CENTER FOR BUSINESS AND ECONOMIC RESEARCH  
4505 MARYLAND PARKWAY  
LAS VEGAS NV 89195-9413

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## Health Insurance Coverage Telephone Survey

Time begin \_\_\_\_\_

### Interviewer Information

Interviewer (Please check)

☐ Black

☐ White

☐ Hispanic

☐ American Indian

☐ Asian

Interview conducted in:

☐ Spanish

☐ English

Hello. Is this \_\_\_\_\_? (IF NO, TERMINATE WITH -- "I am  
(Telephone number) sorry I have the wrong number.")

Is this a resident telephone? (IF NO, TERMINATE WITH -- "I am  
sorry I have the wrong place.")

This is \_\_\_\_\_, I'm a minority student at UNLV, I am calling  
(Interviewer's name)  
from our Center for Business and Economic Research. We are doing a state-wide  
research study in order to find out the status of current health insurance coverage in  
Nevada. Your telephone number was drawn in a random sample of the entire state.  
The questions I need to ask should take a few minutes. I want to add that I would be  
happy to answer any questions you might have about the study, either now or later.  
Okay?

First, I would like to ask you about the size of your household.

1. How many children do you have in your household--

(Enter number)

Under 6 years of age \_\_\_\_\_

6 to 18 years of age \_\_\_\_\_



2. How many adult women (over 18 years of age) in your household are--

(Enter number)

19 to 24 years of age \_\_\_\_\_

25 to 54 years of age \_\_\_\_\_

55 to 64 years of age \_\_\_\_\_

65 or more years of age \_\_\_\_\_

3. How many adult men (over 18 years of age) in your household are--

(Enter number)

19 to 24 years of age \_\_\_\_\_

25 to 54 years of age \_\_\_\_\_

55 to 64 years of age \_\_\_\_\_

65 or more years of age \_\_\_\_\_

4. Were all members in your household covered by health insurance during all of the past year?

☐ Yes (Go to Question 11, next page )

☐ No (Go to Question 5 )

Now I'd like to ask you about the number of months all the household members have had health insurance coverage.

5. Are all members in your household currently covered by health insurance?

☐ Yes

☐ No

6. Were all members of your household covered by insurance during all of March, April, and May of this year?

☐ Yes

☐ No

7. Were all members of your household covered by insurance during all of December last year, and January, and February of this year?

☐ Yes

☐ No

8. Were all members of your household covered by insurance during all of September, October, and November of last year?

☐ Yes

☐ No

9. How many members in your household during the past year were uninsured or currently are uninsured? \_\_\_\_\_

(Enter number)

10. How many of the uninsured were--

(Enter number)

Children (Under 6 years of age) \_\_\_\_\_

Children (6 to 18 years of age) \_\_\_\_\_

Adult women (19 to 24 years of age) \_\_\_\_\_

Adult women (25 to 54 years of age) \_\_\_\_\_

Adult women (55 to 64 years of age) \_\_\_\_\_

Adult women (65 or more years of age) \_\_\_\_\_

Adult men (19 to 24 years of age) \_\_\_\_\_

Adult men (25 to 54 years of age) \_\_\_\_\_

Adult men (55 to 64 years of age) \_\_\_\_\_

Adult men (65 or more years of age) \_\_\_\_\_

11. How many adults in your household usually work outside the home for income?

\_\_\_\_\_  
(Enter number)

12. How many adults in the household are currently unemployed? \_\_\_\_\_  
(Enter number)

13. Of the adults in the household who are currently working, how many have --  
(Enter number)

Temporary jobs \_\_\_\_\_

Seasonal jobs \_\_\_\_\_

Permanent jobs \_\_\_\_\_

(If permanent job)

(Go to Question 16, next page)

14. Are any of the adults employed by firms with 6 or more employees?

☐ Yes

(If yes)

☐ No (If no, go to Question 15)

How many are employed by firms with 6 or more employees? \_\_\_\_\_  
(Enter number)

How many of these adults worked 20 hours or more last week? \_\_\_\_\_  
(Enter number)

How many of these adults who worked 20 hours or more last week for a firm with 6 or more employees have health insurance coverage provided by their employer?

\_\_\_\_\_  
(Enter number)

15. Are any of the adults employed by firms with less than 6 employees?

☐ Yes  
(If yes)

☐ No (If no, go to Question 16, next page)

How many of these adults are employed by firms with less than 6 employees?

\_\_\_\_\_  
(Enter number)

How many of these adults worked 20 hours or more last week? \_\_\_\_\_  
(Enter number)

How many of these adults who worked 20 hours or more for a firm with less than 6 employees have health insurance coverage provided by their employer? \_\_\_\_\_  
(Enter number)

Now, can I ask you a few final questions for statistical purposes?

16. Were you born in the United States?

☐ Yes

☐ No

If not, where were you born? \_\_\_\_\_  
(Country of origin)

How long have you been living in the United States? \_\_\_\_\_ years.

17. How long have you lived in Nevada?

☐ Less than one year  
☐ 1 to 5 years

☐ 6 to 10 years  
☐ 11 to 20 years

☐ More than 20 years

18. Do you live in--

☐ House  
☐ Apartment

☐ Condo  
☐ Duplex

☐ Mobile  
☐ Other

19. Which racial group do you consider yourself a member of?

☐ American Indian  
☐ Asian/Pacific Islander

☐ Black  
☐ White

☐ Other

20. Do you consider yourself Hispanic?

☐ Yes

☐ No

21. I am going to read you several income categories. When I come to the one in which your total 1991 household income falls, before taxes, please stop me.

☐ Under \$5,000

☐ \$15,000 to \$19,999

☐ \$35,000 to \$49,999

☐ \$5,000 to \$9,999

☐ \$20,000 to \$24,999

☐ \$50,000 to \$74,999

☐ \$10,000 to \$14,999

☐ \$25,000 to \$34,999

☐ \$75,000 and over

We have come to the end of the survey, thank you for answering the questions.

Time ended \_\_\_\_\_

**Health Insurance Coverage  
Telephone Survey  
(Journalistic)**

Time begin _____		
<b>Interviewer Information</b>		
<b>Interviewer (Please check)</b>		
<input type="checkbox"/> Black	<input type="checkbox"/> Hispanic	<input type="checkbox"/> Asian
<input type="checkbox"/> White	<input type="checkbox"/> American Indian	
<b>Interview conducted in</b>		
<input type="checkbox"/> Spanish	<input type="checkbox"/> English	

Hi. My name is \_\_\_\_\_, I'm a minority student and  
(Interviewer's name)

I'm calling from UNLV at the Center for Business and Economic Research. We're calling people all over the state because we're doing a study about health insurance in Nevada. To get ahold of you, we used a computer that has phone number combinations for all of Nevada.

Before we go on, I want to make sure I've dialed the right number: \_\_\_\_\_  
(Telephone number)

(IF NO, TERMINATE WITH: "I'm sorry. I have the wrong number.")

Is this your home number?

(IF NO, TERMINATE WITH: "I'm sorry. I have the wrong place.")

Good. Let's get started. These questions will just take a few minutes. If you want to ask me anything about the survey while we're talking, just let me know.

First, I want to ask you a few questions about the number of people who live at home.

1. How many kids in your home are—

(Enter number)

Under 6 years old \_\_\_\_\_

6 to 18 years old \_\_\_\_\_

2. How many women at home are—

(Enter number)

19 to 24 years old \_\_\_\_\_

25 to 54 years old \_\_\_\_\_

55 to 64 years old \_\_\_\_\_

65 years old or over \_\_\_\_\_

3. How many men at home are—

(Enter number)

19 to 24 years old \_\_\_\_\_

25 to 54 years old \_\_\_\_\_

55 to 64 years old \_\_\_\_\_

65 years old or over \_\_\_\_\_

4. In 1991 were all the people living with you covered by health insurance?

☐ Yes (Go to Question 11, next page)

☐ No (Go to Question 5)

Now, I'd like to ask you about the number of months all the people at home have had health insurance coverage.

5. Do all the people living with you have health insurance now?

☐ Yes

☐ No

6. Were all members of your household covered by insurance during all of March, April, and May of this year?

☐ Yes

☐ No

7. Were all members of your household covered by insurance during all of December last year, and January, and February of this year??

☐ Yes

☐ No

8. Were all members of your household covered by insurance during all of September, October, and November of last year?

☐ Yes

☐ No

9. How many people at home didn't have health insurance last year or don't have it now? \_\_\_\_\_

(Enter number)

10. How many people at home without health insurance were

(Enter number)

Kids (Under 6 years old) \_\_\_\_\_

Kids (6 to 18 years old) \_\_\_\_\_

Women (19 to 24 years old) \_\_\_\_\_

Women (25 to 54 years old) \_\_\_\_\_

Women (55 to 64 years old) \_\_\_\_\_

Women (65 or more years old) \_\_\_\_\_

Men (19 to 24 years old) \_\_\_\_\_

Men (25 to 54 years old) \_\_\_\_\_

Men (55 to 64 years old) \_\_\_\_\_

Men (65 or more years old) \_\_\_\_\_

11. How many adults at home have jobs away from home? \_\_\_\_\_  
(Enter number)

12. Right now, how many adults at home don't have a job? \_\_\_\_\_  
(Enter number)

13. How many of these adults who have jobs away from home have  
(Enter number)

Temporary jobs \_\_\_\_\_

Seasonal jobs \_\_\_\_\_

Permanent jobs \_\_\_\_\_

(If permanent job)

(Go to Question 16, next page)

14. Do any adults at home have jobs where 6 or more people work?

☐ Yes

(If yes)

☐ No (If no, go to Question 15, next page)

How many of these adults have a job where 6 or more people work? \_\_\_\_\_  
(Enter number)

How many of them worked 20 hours or more last week? \_\_\_\_\_  
(Enter number)

How many of them have health insurance who worked at a job 20 hours or more  
with 6 people or more? \_\_\_\_\_  
(Enter number)

15. Do any adults who live at home have a job where less than 6 people work?

☐ Yes

(If yes)

☐ No (If no, go to Question 16, next page)

How many of these adults work with less than 6 people? \_\_\_\_\_  
(Enter number)

How many of them worked 20 or more hours last week? \_\_\_\_\_  
(Enter number)

How many of them are covered by health insurance at their job who worked  
20 or more hours with less than 6 people? \_\_\_\_\_  
(Enter number)

We're almost finished. You're really being helpful.

Now I have a few questions for our records.

16. Were you born in the U.S.?

☐ Yes

☐ No

(If not) Where were you born? \_\_\_\_\_  
(Country of origin)

How long have you lived in the U.S.? \_\_\_\_\_ years.

17. How long have you lived in Nevada?

☐ Less than one year

☐ 6 to 10 years

☐ More than 20 years

☐ 1 to 5 years

☐ 11 to 20 years

18. Do you live in

☐ House

☐ Condo

☐ Mobile

☐ Apartment

☐ Duplex



19. Which one of the following best describes your racial or ethnic group?

- |   |                                |                                |
|---|--------------------------------|--------------------------------|
| <input type="checkbox"/> American Indian        | <input type="checkbox"/> Black | <input type="checkbox"/> Other |
| <input type="checkbox"/> Asian/Pacific Islander | <input type="checkbox"/> White |                                |

20. Do you consider yourself Hispanic?

- |                              |                             |
|------------------------------|-----------------------------|
| <input type="checkbox"/> Yes | <input type="checkbox"/> No |
|------------------------------|-----------------------------|

21. Now for the last question. I'm going to read several income groups to you. Let me know when you hear the category which best describes your total combined income from last year of everyone in your home.

- |   |   |   |
|---|---|---|
| <input type="checkbox"/> Under \$5,000        | <input type="checkbox"/> \$15,000 to \$19,999 | <input type="checkbox"/> \$35,000 to \$49,999 |
| <input type="checkbox"/> \$5,000 to \$9,999   | <input type="checkbox"/> \$20,000 to \$24,999 | <input type="checkbox"/> \$50,000 to \$74,999 |
| <input type="checkbox"/> \$10,000 to \$14,999 | <input type="checkbox"/> \$25,000 to \$34,999 | <input type="checkbox"/> \$75,000 and over    |

We're finished. Thanks again for all your help.

Time ended\_\_\_\_\_

**WHAT THE RESPONDENT MIGHT LIKE TO KNOW ABOUT  
THE HEALTH INSURANCE COVERAGE SURVEY**

**ABOUT THE SURVEY**

What is the Center for Business and Economic Research?

It is a division of the College of Business and Economic Research, which was established to do research for organizations. The Center is used for surveys like this one in which we are attempting to find out about health insurance coverage.

Who is sponsoring (paying for) the survey?

It is being paid for by the Nevada State Legislature.

What is the purpose of this survey?

Nevadans have become increasingly concerned about gaps in health care insurance coverage. This survey seeks your opinions about the importance of health insurance and your current health insurance coverage status. The survey results will be presented to state policy-makers.

Who is the person responsible for this survey? May I talk to him?

The person is Dr. Keith Schwer, Director of the Center for Business and Economic Research. I am sure than he would be happy to talk with you. I can have him call you, or if you like you can call him collect. His telephone number is 702-739-3191.

**ABOUT THE RESPONDENTS ROLE IN THE SURVEY**

How did you get my name (telephone number)

Your number was generated by a computer that has phone number combinations for all of Nevada. Your number was selected by chance.

How can I be sure this is authentic?

I would be glad to give you my telephone number here in Las Vegas and you may call me back collect. (If that isn't acceptable) I can give you my supervisor's number and you can call her collect. That number is 702-739-3919.

Is this confidential?

Yes, most definitely! After the interview is completed, the answers are put into a computer without names. All information we release is in the form of a certain percent "yes" and a certain percent said "no." In this form, no individual response can ever be identified.

Also, the matter of confidentiality is terrible important to the success of our Center, because we do a lot of surveys. Thus, we are very careful to protect people's anonymity.

Can I get a copy of the results?

Yes, we would be glad to send it to you, if you will give me your current address. We hope to have the results ready in about three months.

**APPENDIX E: HEALTH INSURANCE COVERAGE OF FOREIGN-BORN  
RESIDENTS BY COUNTRY OF ORIGIN**

## HEALTH INSURANCE COVERAGE

### 16 COUNTRY OF ORIGIN

1. MEXICO
2. PHILLIPINES
3. CANADA
4. GERMANY
5. ENGLAND
6. SPAIN
7. CUBA
8. EL SALVADOR
9. JAPAN
10. PUERTO RICO
12. OTHER COUNTRIES

## APPENDIX F: TAC COMMITTEE MEMBER LIST

Senator Raymond D. Rawson  
Chairman of TAC  
6433 Mecham Avenue  
Las Vegas, NV 89107  
877-1133 x260 (W)  
(702) 870-6382 (H)

Assemblyman Rick C. Bennett  
1824 Misty Glade Drive  
Las Vegas, NV 89119  
(702) 386-1925 (W)  
(702) 361-3519 (H)

Bill Bradley  
Bradley & Dendel, Inc.  
401 Flint Street  
P.O. Box 1987  
Reno, NV 89501  
(702) 329-2273

Randall V. Capurro  
Layne & Associates, Ltd.  
4045 Spencer  
Las Vegas, NV 89119  
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(702) 362-1119 (H)

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Association  
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Sierra Health Services  
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Senator Randolph J. Townsend  
Dunn Reber Glenn Maiz  
Public Relations  
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Reno, NV 89503  
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