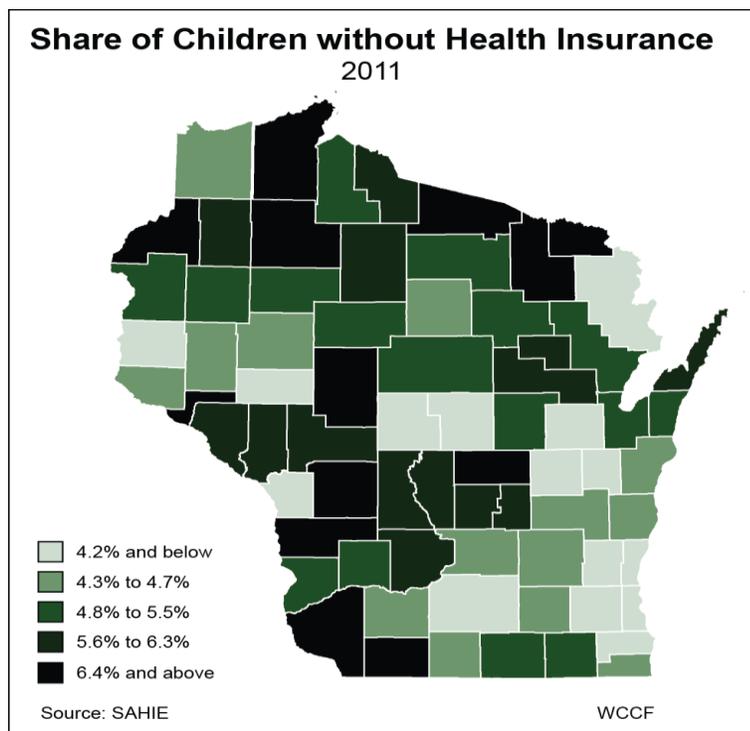


New Census Bureau Data Show the Distribution of Uninsured Children Schools Could Play an Important Role in Boosting Coverage of Kids

Kids returning to the classrooms across Wisconsin this fall need access to quality health care to thrive in school and reach their full potential. New county-level data from the U.S. Census Bureau illustrate the important role that schools can play to help disseminate information about new health insurance options and help enroll children and other family members in health insurance plans.

This paper examines the new data on uninsured children. It also explains how the Affordable Care Act (ACA) can improve coverage, summarizes particular challenges for ACA implementation in Wisconsin, and outlines options for schools to help children get insurance and the health care they need to succeed in school.

The new county-level numbers released in late August by the Census Bureau show the location of the 61,000 Wisconsin children who didn't have health insurance in 2011. These figures, which are known as the Small Area Health Insurance Estimates (SAHIE), are derived from a combination of data sources to allow for estimates of local uninsurance rates for different age groups and different income levels.



WCCF used the SAHIE data to prepare a map showing the geographic distribution of uninsured kids. The populous, more urban Wisconsin counties have the largest total numbers of children lacking insurance, but the map illustrates that our state's rural areas have a higher percentage of kids who are uninsured – led by Clark, Forest, Lafayette, Vilas and Bayfield counties.

Although Wisconsin has a relatively low percentage of uninsured children (4.5%) compared to other states, it is still far too many, and a number of states have surpassed ours in recent years in improving access to insurance for children. As a result, Wisconsin's ranking in uninsured children slipped to 10th in 2011 (tied with New York). The 61,000 kids lacking health insurance is enough to fill the seats at the Brewers' Stadium, Miller Park, about one and a half times.

Role of the Affordable Care Act

Wisconsin can get back on track and substantially reduce the number of uninsured children by effectively implementing the federal health care reform law. In Massachusetts, which served as the model for that law, only 1.8% of kids are uninsured. Achieving that rate in Wisconsin would result in about 36,000 fewer children without health insurance.

The ACA has already improved access to health care for children by prohibiting insurance discrimination against kids with preexisting conditions (a change that will begin applying to adults in 2014) and allowing youths under age 26 to remain on a parent's policy. More significant improvements for children will take effect in 2014. The two most important aspects of the new law with respect to insuring more children are:

- *The new health insurance Marketplace* – In each state there will be a new health insurance Marketplace or “exchange” next year, which will provide a way for consumers to choose between quality health care plans. Enabling individuals and small businesses to benefit from the pooling of risk, market leverage, and economies of scale that large employers currently enjoy. The Marketplace will provide one-stop shopping and facilitate easy comparison of available plan options based on price, benefits and services, and quality. Lower- and middle-income individuals earning up to four times the federal poverty level (FPL) – about \$76,000 in 2013 for a family of three – may be eligible for premium assistance subsidies for health insurance purchased through the Marketplace.
- *Promoting and facilitating enrollment in BadgerCare* – Although BadgerCare eligibility of children is not expanding, the number of kids who enroll is expected to increase substantially over the next year or so. Factors in the projected growth in BadgerCare include: a sharp increase in outreach and publicity about insurance options; increased options for covering parents, which will cause more families to apply for coverage for both themselves and their children; the integration of the application systems for the new Marketplace and BadgerCare; and the new mandate that most people will have to buy insurance or pay a fine.

The SAHIE figures show that more than three-fifths (63.5%) of Wisconsin’s uninsured children are in families with income under 200% of the federal poverty level, and 92% are under 400% of FPL. BadgerCare provides insurance to children up to 300% of FPL, and there are no premiums and only small copays for kids below 200% of FPL. Children between 300 and 400% of FPL can potentially get subsidized private insurance in the new Marketplace that begins in 2014 – provided that they do not have an option to get affordable coverage through a family member’s employer.¹ The Marketplace will serve far more adults who don’t have access to affordable employer-sponsored coverage – providing subsidies for those with income between 100% and 400% of FPL.

Table 1 in the Appendix shows the estimated number and percentage of uninsured children in each county. It also shows the breakdown by income level, including the estimated number who are under 200% of FPL, and therefore meet the income criteria for BadgerCare coverage without any premiums.

Challenges

Although the ACA should make a very large dent in the number of uninsured children in Wisconsin, there are several obstacles to achieving that goal. At the top of that list is the fact that most Americans are largely unaware of the changes in insurance coverage coming in 2014. That could be more of a challenge in Wisconsin because our outreach and education efforts are lagging behind those in states that have enthusiastically embraced the federal law, such as our neighbors in Minnesota.

Although the Wisconsin Department of Health Services has begun in recent months to get much more active in doing outreach and seeking to coordinate with nonprofits and provider groups to improve education and enrollment, choices made by Wisconsin policymakers exacerbate the challenges:

- Our state was slow to accept federal funds to implement the ACA and make needed computer changes, and some of the necessary software changes won’t be ready until mid-November; a month and a half after people can start applying for coverage in the new Marketplace.
- In 2014 the state is ending a category of unsubsidized BadgerCare coverage for children in families with income over 300% of FPL, which will require about 3,500 children to find alternative coverage. (Those children will be eligible for coverage through the Marketplace if a family member doesn’t have an offer of “affordable” employer-sponsored insurance.)
- State lawmakers decided to cap the eligibility of parents for BadgerCare at the poverty level, which is half of the current income ceiling. That is expected to cause about 90,000 parents to lose their BadgerCare coverage, and the decreased participation of parents is likely to indirectly reduce the

¹ The ACA defines employer-sponsored insurance as being affordable if the employee’s share of the premiums for an employee-only plan would cost less than 9.5% of family income, regardless of whether the cost of covering the worker and other family members would exceed that level.

enrollment of children, because parents who sign up or renew their coverage are more likely to ensure that their children have BadgerCare coverage.

- Notwithstanding the advice of providers and health care advocates, state lawmakers insisted on making those changes take effect on January 1, 2014, only six weeks after the state computer system is expected to be ready to operate new software that applies federal changes in how income and family size are defined for purposes of Medicaid and the new Marketplace.
- The state will send letters to about 90,000 parents in late November notifying them that they will lose their BadgerCare coverage in January 2014, and that they have to get enrolled in the Marketplace and pay their first premium by December 15, or else they will be uninsured in January. (Some of those parents would probably still be eligible in January, but the DHS computer files don't contain data needed to determine that they meet the eligibility standards when the new income and family size definitions take effect.)

The combined effect of all of those factors is that there is likely to be a serious bottleneck as thousands of people each day attempt to determine what their insurance options are and what they need to do to get coverage for themselves and family members. Though that may be a problem in many states, Wisconsin's policy choices are likely to make the bottleneck much worse.

Recommendations

Tapping the full potential of the health care reform law and making a large dent in Wisconsin's substantial population of uninsured children (and much larger number of uninsured adults) will require a concerted effort by many organizations and individuals in the public and private sector. Some of the potential ways that schools can help Wisconsin achieve a much lower rate of uninsured kids include the following:

- Distribute information about the ACA and BadgerCare to children and parents in a variety of ways, including things like school newsletters and lunch menus.
- Display consumer materials in each school, and post the Health Insurance Marketplace widget on the school website.
- Train nurses and social workers to help enroll students and their parents, or partner with community organizations that offer help applying.
- Pay particular attention to teens, who are more likely to be uninsured than younger children, and ask coaches to make sure that parents know about available insurance options.
- Invite local experts to speak at PTA meetings and other events to share information about health insurance options and how to enroll.
- Provide ACA information to school and community pre-K programs, and include it as part of the parent involvement activities offered by 4-year-old kindergarten programs.
- Make the school's computer lab available to parents who do not have a computer or Internet access at home, but are able to apply without help.
- Stay informed about health care reform changes and request additional information or training from local partners, such as Covering Kids & Families – <http://www.ckfwi.org>

A more comprehensive list of options for school involvement in helping children get insured can be found [here](#).

Jon Peacock
September 11, 2013

Appendix

Table 1: Uninsured Children in Wisconsin by County and Income Level (2011)

	Child population	# uninsured	% uninsured	# uninsured <200% FPL	# uninsured 200-400%
WI - Statewide	1,370,246	61,067	4.5	38,803	17,632
Adams	3,507	195	5.6	133	51
Ashland	3,854	211	5.5	125	70
Barron	10,405	509	4.9	317	155
Bayfield	2,991	244	8.2	145	77
Brown	64,051	3,137	4.9	1,754	1,099
Buffalo	3,044	178	5.9	116	51
Burnett	3,110	220	7.1	139	66
Calumet	13,579	526	3.9	309	166
Chippewa	15,083	696	4.6	436	207
Clark	10,287	1,362	13.2	955	344
Columbia	13,448	634	4.7	400	186
Crawford	3,743	187	5.0	131	47
Dane	109,375	4,039	3.7	2,727	972
Dodge	19,919	931	4.7	555	308
Door	5,206	295	5.7	192	83
Douglas	9,709	450	4.6	273	141
Dunn	9,211	422	4.6	281	111
Eau Claire	21,370	897	4.2	594	237
Florence	796	56	7.0	36	16
Fond du Lac	23,779	1,061	4.5	645	342
Forest	2,122	192	9.0	101	72
Grant	11,112	795	7.2	545	210
Green	9,088	389	4.3	243	113
Green Lake	4,432	260	5.9	175	68
Iowa	5,923	281	4.7	176	82
Iron	1,020	58	5.6	41	14
Jackson	4,821	303	6.3	168	109
Jefferson	20,311	921	4.5	557	294
Juneau	5,847	332	5.7	202	105
Kenosha	43,793	1,923	4.4	1,221	535
Kewaunee	4,920	235	4.8	141	77
La Crosse	25,260	1,006	4.0	675	267
Lafayette	4,421	390	8.8	270	99
Langlade	4,255	224	5.3	144	66
Lincoln	6,276	286	4.6	177	89
Manitowoc	18,502	796	4.3	481	259
Marathon	33,701	1,734	5.1	1,130	489
Marinette	8,593	365	4.2	234	108
Marquette	3,160	196	6.2	137	49

	Child population	# uninsured	% uninsured	# uninsured <200% FPL	# uninsured 200-400%
Menominee	1,578	98	6.2	57	36
Milwaukee	243,947	9,771	4.0	6,813	2,402
Monroe	11,992	801	6.7	519	233
Oconto	8,566	461	5.4	258	158
Oneida	6,725	341	5.1	227	90
Outagamie	45,462	1,822	4.0	983	669
Ozaukee	20,523	667	3.2	379	200
Pepin	1,742	123	7.1	82	33
Pierce	9,228	397	4.3	240	112
Polk	10,606	512	4.8	317	156
Portage	14,860	613	4.1	399	171
Price	2,708	160	5.9	116	37
Racine	49,393	2,051	4.2	1,288	590
Richland	4,309	227	5.3	150	65
Rock	40,682	2,000	4.9	1,270	588
Rusk	3,361	184	5.5	129	46
St. Croix	23,367	972	4.2	609	268
Sauk	15,180	863	5.7	538	268
Sawyer	3,608	247	6.8	138	87
Shawano	9,575	592	6.2	318	222
Sheboygan	28,132	1,264	4.5	797	379
Taylor	5,189	283	5.5	182	85
Trempealeau	7,213	447	6.2	303	119
Vernon	8,047	609	7.6	430	147
Vilas	3,930	340	8.7	205	106
Walworth	24,472	1,322	5.4	838	385
Washburn	3,285	193	5.9	130	51
Washington	32,738	1,157	3.5	645	377
Waukesha	94,251	2,712	2.9	1,539	843
Waupaca	12,073	652	5.4	414	194
Waushara	4,969	386	7.8	269	96
Winnebago	37,027	1,209	3.3	723	389
Wood	17,485	657	3.8	414	199

About the data

In mid-September, the U.S. Census Bureau will release more current state-by-state data on the number of uninsured children and adults, and it will also include 2012 survey results for some of the larger counties. However, until August 2014 the recently released 2011 data will be the most current data available for all 72 counties and for analyzing access to insurance by income, gender and race.