



By Emily Friedman

## Emily Friedman's Five Steps to Good Health Policy to Cover the Uninsured

A special guest speaker at Hawaii's Coverage for All Conference in 2003, Emily Friedman is a health policy analyst based in Chicago. She can be reached through her Web site at [www.emilyfriedman.com](http://www.emilyfriedman.com).

1

Any plan to cover the uninsured must have a realistic and politically possible means of paying for the program. Many earlier efforts mentioned raising taxes or using federal matches or general revenue funds; those are all politically vulnerable solutions.

2

Keep it simple for the beneficiaries. The September 11th bombings took down the buildings that contained all New York City Medicaid records and all the program's computers. Eight days later, the state and city launched Disaster Relief Medicaid, which had to use a paper form because of the loss of the computers. It was one-page long and did not require income documentation. The program signed up 340,000 people in four months.

If you want to keep people away, make it complex. If you want to enroll people, keep it simple.

3

Coverage must be universal, but not everyone will take advantage of it. The Hawaii experience has shown that you can get down to 4 or 5 percent uninsured; but members of the residual group are often too compromised, too mentally ill, too unskilled in English, too afraid of the government, or just too flaky to deal with registration and premiums and co-pays and other such niceties. In that case, I think the old Hawaii State Health Insurance Plan in the early 1990s had the right idea; encourage these folks to choose one primary care provider (probably a clinic), keep the person's medical record there, and just pay the provider for the patient's care. It is necessary to audit the provider to ensure that care is actually being provided.

4

Even if your effort cannot be funded or must be cut, keep it on the books. Fight repeal with all your energy. Even if it just sits there as a silent reminder of what might have been, it provides you with a statutory basis for future efforts, and when the pendulum swings back your way, you won't have to start from scratch.

5

Check your ideological inflexibility and your turf issues at the door. We all have our health care *kuleanas*, but this isn't about *kuleana*; it's about *ohana*. Canoes that win races have paddlers who can work together. So whatever your position, be willing to compromise.

### The Hawaii Uninsured Project's Annual Report Highlights "Common Ground" in 2003

Potential pathways to cover Hawaii's uninsured are being mapped out by The Hawaii Uninsured Project's coalition of more than 50 organizations. Government, labor, academia, care providers, insurers and advocacy groups are developing policy ideas for the community's consideration and support.

The report will be released in April 2004.

The Hawaii Uninsured Project's policy recommendations aim to:

1. Increase access to health coverage.
2. Be politically and economically feasible.
3. Be as administratively easy to implement as possible.
4. Be as equitable as possible.

## Coverage Viewpoint

Has Hawaii's Prepaid Health Care Act encouraged a belief that health care is a right?

Should health insurance be a free-market commodity?

Tell us what you think.

Send us your viewpoint

and we may publish it

in an upcoming edition!

Email

[ljohnston@hipaonline.com](mailto:ljohnston@hipaonline.com)

### MISSION

To ensure health coverage access to all who need it.

Working in partnership with researchers and the community, the project is an educational resource to support policy-makers as they develop workable plans that will cover the uninsured. The project also aims to raise awareness and improve understanding of the problem's magnitude and the consequences of a large uninsured population.

The Hawaii Uninsured Project is a program of the Hawaii Institute for Public Affairs, which is Hawaii's only independent, nonpartisan and nonprofit organization dedicated to elevating Hawaii's public decision-making process through sound public policy analysis, fact-based research, and community collaboration.

This newsletter is supported in part by funding from The Robert Wood Johnson Foundation, awarded to the State of Hawaii's Department of Health.

The issues of health coverage access can only be solved by a coordinated effort of all segments of our community. Our ohana represents a strong, broad and growing alliance.

### THE LEADERSHIP GROUP STEERING COMMITTEE

Hawaii State Department of Health  
Project Leader

Aloha United Way  
Benefit Plan Consultants  
Chamber of Commerce of Hawaii

Hawaii Community Foundation  
Hawaii Pacific Health  
Hawaii Covering Kids  
Hawaii Health Information Corporation  
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Hawaii Primary Care Association  
Hawaii State Department of Human Services  
Hawaii State Department of Labor & Industrial Relations  
Healthcare Association of Hawaii  
Ho'ola Lahui Hawaii  
ILWU  
Kaiser Permanente  
Moloka'i General Hospital  
Papa'ola Lokahi  
University of Hawaii

Milestones TO COVERAGE

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the HAWAII Uninsured Project

First Quarter 2004

More Options. Better Access. Hawaii needs it now.

Hawaii's people deserve better access to quality, affordable health care.

## Apply by Fax, Online

Original application delivered to the Med-QUEST office is no longer required. Applications are accepted by fax and email.

### A Five-Feature Formula to a Better Application Form

- questions that do not apply to children and pregnant women
- requirement to provide information on absent parents
- + a request for interpreter services in 15 languages
- + information on early and periodic screenings, diagnosis, and treatment
- + list of frequently asked questions & answers
- = Hawaii Covers Families!

## You Pregnant? Prove it!

As of September 2003, women can self-declare their pregnancy status - proof of pregnancy is not required.

Milestones TO COVERAGE

## Hawai'i Covering Kids & Hawai'i State Department of Human Services Praised as

# 'Barrier Busters'

Access to health insurance just got easier for an estimated 14,000 uninsured children and youth who are eligible but are not enrolled in Medicaid programs. A newly created application for children and pregnant women makes enrollment simpler.

The new "pink form" was celebrated at a January 2004 news conference.

Comments were made by the form's champions including: Lieutenant Governor James "Duke" Aiona, Department of Human Services Director Lillian Koller, Department of Health Deputy Director Linda Rosen, MothersCare Program Coordinator Eiko Cusick, and Hawai'i Covering Kids Project Director Barbara Luksch.

Also in attendance were Senator Bob Hogue, Representative Dennis Arakaki, and Representative Maile Shimabukuro.

A member of The Hawai'i Uninsured Project, Hawai'i Covering Kids works with federal, state, and community agencies to enroll and retain eligible children and youth in Medicaid programs.

Upcoming projects include outreach through pharmacies, training workshops for family agencies, an online application, and improving Med-QUEST's renewal process.

Visit [coveringkids.com](http://coveringkids.com) for more information.

Call Aloha United Way's hotline 211

for more on covering your kids.

It's a free call from all islands!



### State Success Story:

## Congratulations Connecticut! You've Covered Your Kids.

When Connecticut Governor John G. Rowland said "Our goal is to bring health coverage to every Connecticut child," he wasn't just giving good rhetoric. With an estimated 90,000 kids uninsured in 1995, the state expanded coverage with free or low-cost coverage.

Today, children under 19 in a family of four that earn less than \$34,041 (up to 185% of FPL) are eligible for free health coverage.

Children in families that earn between \$34,041 to \$43,240 (between 185% and 235% of FPL) can enroll for a monthly premium of \$30 "for one child" and a \$50 flat rate for families with more than one child. Modest co-payments are applicable.

Families that earn between \$43,241 to \$55,200 (up to 300% of FPL) get health coverage for a monthly premium cost of \$50 if there's one child and \$75 for all children combined, plus modest co-payments.

Families with incomes above 300% of FPL can buy into the program at a group rate negotiated by the state with HUSKY-affiliated managed care plans.

Pregnant women of any age up to 185% of FPL, and parents or a relative caregiver with incomes up to 100% of FPL are also eligible.

HUSKY serves nearly 225,000 Connecticut youngsters with a full package of medical, dental and other health-care benefits through four managed care organizations. The federal government reimburses the state for at least 50% of Medicaid eligible expenditures and 65% of SCHIP eligible expenditures.

## How did you do it Connecticut?

"Legislators of both parties were involved in the development of HUSKY along with the Governor's office, Department of Social Services and the Office of Policy & Management," said Donna Longo, Associate Health Care Analyst. "Champions included our Governor, General State Assembly, Department of Social Services and Children's Health Council. We obtained a 1915B waiver in reference to Children's and Family Services to override a client's choice in Medicaid programs and required mandatory enrollment in a managed care Medicaid program."



## On the Job at The Hawai'i Uninsured Project

Laurel Johnston joins The Hawai'i Uninsured Project's as its executive director. Most recently, Johnston served as an account supervisor at Communications Pacific in its community building practice. Former posts have included: assistant superintendent with the Department of Education in charge of the new Office of Planning, Budget, and Resource Development; staff director for the Hawaii State Senate Judiciary Committee; senior legislative researcher for the Senate Majority Office; and legislative analyst and audit manager in the Office of the Auditor. Johnston has a master's degree in public administration, and a bachelor's degree in criminology, both from Florida State University.

The project welcomes new members to its coalition. Deputy Director of the Department of Health **Jane Kadohiro** and ILWU president **Guy Fujimura** have joined The Leadership Group. Policy strategist **Vickie Gates** joins as a national project consultant.

### Expansion Programs Boost Coverage of Kids

With enhanced federal matching rates, the State Children's Health Insurance Program (SCHIP) program allows states to expand their Medicaid programs (QUEST and Medicaid Fee-for-Service) as of July 2000 to include kids in families with incomes up to 200 percent of the FPL. This has meant health coverage for nearly 11,500 children in Hawaii as of January 2004.

### Coverage Counts for Mom & Dad Too!

Extension of SCHIP coverage to parents of eligible children is only possible with waiver approval from the U.S. Department of Health & Human Services. In 2001, the Center for Medicaid Services (CMS) approved family coverage waivers from three states: New Jersey, Rhode Island, and Wisconsin. These three states' waivers expanded coverage for families with incomes that exceeded typical Medicaid levels.

### Covering More than Just Families!

In August 2001, CMS launched the Health Insurance Flexibility and Accountability (HIFA) initiative to make it easier for states to cover new populations with unspent SCHIP funds. As of September 2002, Arizona, California, Illinois, Maine, and New Mexico had applied for and received HIFA waivers to cover adults with SCHIP funds.

## Uninsured Children: Top 10 Facts to Consider

1. An estimated 27,000 of Hawaii's children and youth lack health coverage, according to the University of Hawaii Social Science Research Institute.
2. Of these, as many as 14,000 are in families that meet the income requirements for Medicaid programs but are not enrolled.
3. In a September 2003 statewide poll conducted by Ward Research, nearly 75 percent of respondents favors continued federal and state efforts to cover all children—even if it would mean an increase in their taxes.
4. The federal government contributes most of the premium cost to cover eligible children.
5. An additional 2,500 children could potentially be covered if the family income requirements were increased from 200 (\$43,360 for a family of four in 2004) to 300 percent (\$65,040 for family of four in 2004) of the Federal Poverty Level. Poverty thresholds differ by the size and makeup of a household.

*"We lost our health insurance when I resigned from my job to take care of my injured husband. We couldn't afford COBRA because they wanted \$600 a month for all of us. I wasn't working and with his Worker's Comp I couldn't afford it. I didn't care about my husband or me. I was just concerned for my kids."*

– Maui mother of three children

*"My son played football and sprained his hand. It got swollen all the way to the elbow and we didn't know if it was broken or what. We called emergency to see how much it would be and it was outrageous. So we found this plastic sling and told him to sleep with it for three weeks."*

– Big Island father

*"I told my son that I'd be trying to get health insurance for him and he said, 'You mean when I have aches and pains I won't have to say, oh, it's nothing mom.' I felt terrible when he said that."*

– Kauai self-employed mom and unemployed father with two kids

### The following national statistics

- were reported by Cover the Uninsured Week, an initiative of The Robert Wood Johnson Foundation:
6. Eight of 10 uninsured children live in households where at least one of the adults is working.
  7. While most children are covered by an employer plan or privately purchased health plan, Medicaid covered nearly 1 in 4.
  8. One in 5 parents of uninsured children has kept or would keep their children from participating in sports because they fear that their children might get injured.
  9. In 2001, children between the ages of 12 and 17 were more likely to be uninsured than those younger than age 12.
  10. Nationwide, about 9.3 million children are uninsured. This translates to 12 percent of the 77 million children under age 19, according to The Children's Defense Fund.

*"There are two major obstacles to covering the uninsured. First is the knee jerk response that we can't afford health coverage for all. The second is the 'it's my plan or the status quo approach of many politicians.'"*

DR. ARTHUR L. KELLERMANN,  
INSTITUTE OF MEDICINE

### Hawaii's Only Private Insurance Option: HMSA's Children's Plan

This plan is available to Hawaii's children from 1 month to 18 years old. At a monthly fee of about \$55, it covers basic services such as preventive care, immunizations, and doctor visits.

### Institute of Medicine Report Urges Coverage for the Uninsured & Calls Situation "Dire"

In the most detailed, authoritative examination of the impact of uninsured Americans, the prestigious and nonpartisan Institute of Medicine concluded that "the situation is dire," and recommended for the first time that the *nation guarantee health insurance for all citizens by 2010*, reports *The Washington Post*. The number of uninsured Americans "has serious negative consequences and economic costs not only for the uninsured themselves but also their families, the communities they live in, and the whole country," the committee concluded in its report.

While stopping short of endorsing a solution, the panel outlined several options in a report by *USA Today* including tax credits, expanding Medicare to those younger than 65, mandating that employers offer coverage, mandating that individuals have coverage, and a government-funded national health program, which the paper writes is "the most controversial option."

**Better Access.  
More Options.  
Hawaii Needs it Now.**

*Milestones*  
TO COVERAGE

More Options. Better Access. Hawaii needs it now.



## America's Children Uncovered

- » There are 8 million uninsured children in the United States
- » Of those 8 million, 65% are eligible for Medicaid and SCHIP but are not enrolled, which translates to 5 million Americans who are unnecessarily uninsured
- » Uninsured kids are eight times less likely to have a regular source of medical care
- » Uninsured kids are five times more likely to use emergency rooms for regular care