

Strategic plan aims to help the uninsured

By Kristen Sawada
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As states struggle with uninsured populations that grew to 43 million Americans in 2002 — the largest increase in a decade according to the U.S. Census Bureau — they're seeking cost-effective ways to expand health insurance.

Hawaii is among the states feeling the strain of the uninsured, seeking solutions to cover the more than 120,000 — about 10 percent of the population — without health insurance.

To address the growing problem, the Hawaii Uninsured Project, a nonprofit group that has been studying the state's uninsured and ways to increase health insurance, this week began developing a strategic plan after months of work groups and research on the issue.

The project's leadership group comprising government, labor, academia, insurers and business, met Wednesday to discuss potential policy options it will submit to the community as alternative solutions in 2004 and 2005 and during the upcoming legislative session.

More than 60 organizations are involved in the project's work groups, developing policy recommendations on the working uninsured, uninsured children and people who qualify for the state's Medicaid Quest program but don't enroll.

Work groups also focused on safety-net users who go to community health clinics and emergency rooms, Compact of Free Association migrants and the 1974 Prepaid Health Care Act's impact on the uninsured.

The Hawaii Uninsured Project, which is prohibited from lobbying because of grant funding, will educate lawmakers, businesses, government officials and cabinet members to try to gain consensus on significant policy changes.

A preliminary policy option the group is studying is expanding Quest family income requirements from 200 percent (\$42,336 for a family of four) to 300 percent (\$63,504) of the federal poverty level to cover an additional 2,500 children. An estimated 27,000 children and youth lack health coverage, according to the University of Hawaii's Social Science Research Institute.

The group will develop a plan to remove outreach and enrollment barriers to get all eligible adults enrolled in public insurance and push for reasonable access to affordable health insurance plans for those not covered by public insurance or employer-sponsored health plans.

A look at the uninsured

◆ Working uninsured

People who are employed, mostly part-time workers, but don't qualify for employer-based health insurance make up half of the uninsured, according to the project's research. They're ineligible for government-sponsored coverage, employers aren't mandated to provide insurance and they can't afford individual health plans in the market.

◆ Uninsured children

An estimated 27,000 of the state's children lack health coverage while as many as 14,000 of these are eligible for government-sponsored programs but aren't enrolled. An estimated 2,500 others are in families that don't meet the income requirements.

◆ People who qualify for Quest but don't enroll

About 26,000 of the uninsured who meet the income requirements for Quest aren't enrolled. Barriers include a lack of knowledge about programs, language or cultural barriers and complex forms and staffing issues that make enrollment difficult. The state also has an enrollment cap of 125,000 people for the program, which is at capacity, though pregnant women and children are enrolled regardless.

◆ Safety-net users

Safety-net users are often those uninsured who use community health centers and hospitals as their primary-care providers. These users — undocumented immigrants, homeless and employed individuals without insurance — also rely on emergency rooms, which leaves hospitals with bad debt that increases the cost of care.

◆ Compact of Free Association migrants

Migrants include citizens of the Federated States of Micronesia, the Republic of the Marshall Islands and the Republic of Palau. The 1986 agreement gives Pacific Islanders the right to unrestricted access to U.S. residence, education, employment and health care, which has put a significant burden on Hawaii's health-care system.

"We're using the work groups as a base to expand our constituency to be able to have critical mass to expand policy initiatives," said Bill Kaneko, president of the Hawaii Institute for Public Affairs, an independent public-policy institute, which administers the project. "We want to have a strong presence and message in the community to create a political context in which our recommendations will be put forth."

An example of removing Quest enrollment

barriers is revising the current application form, which is long and confusing to many people, and making it more user friendly, said Loretta Fuddy, principal investigator and chief of the state Department of Health's Family Health Services Division.

"We need to work collaboratively with the Department of Human Services in the actual implementation of this to address not only consumer issues but administrative staffing issues," she said.

Another option is crafting an affordable plan for children's health coverage and providing incentives to families to purchase such plans, she said.

"There needs to be shared costs, some options that are government sponsored and [others that are] private sponsored," Fuddy said. "There are many strategies we're looking to implement that have direct oversight by the department — policy shifts and operational changes that may not require legislative change."

A top priority is pushing for an insurance package that's reasonably affordable for those who are employed, she said, adding that it could be private with some public subsidy.

The project's work already has resulted in significant efforts to increase federal funds and change Hawaii's health-care landscape. For instance, it supported congressional efforts to secure federal funds for Compact of Free Association migrants and reinstate migrants onto Medicaid eligibility so that the state could receive federal funding.

The proposal is currently moving through Congress and, if approved, would mean Hawaii and neighboring territories would get an additional \$30 million each year in federal funds for migrants covered under the compact, Kaneko said.

"That's a real-life example that the work that we've done is resulting in significant policy change for this target population, which is Pacific Islanders," he said.

Another is an increase in federal dollars to community health centers, with funding for startups on Kauai and Molokai and a commitment from Gov. Linda Lingle to look at base funding for the clinics, Fuddy said.

"We don't have one solution; it's multiple solutions and we need to have support from a very broad cross-section of stakeholders," Fuddy said. It's a community issue which requires a community solution."

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