

# DOWNLOAD PDF HEALTH INSURANCE COVERAGE OF WASHINGTONS NON-ELDERLY POPULATION

## Chapter 1 : FastStats - Health Insurance Coverage

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Overview[ edit ] Health insurance coverage is provided by several public and private sources in the United States. Analyzing these statistics is more challenging due to persons with multiple sources of insurance, such as those with coverage under both an employer plan and Medicaid. During , the U. For the remaining million non-institutional persons under age There were million with employer-based coverage, 90 million with other coverage, and 27 million uninsured. Of the 12 million on the ACA exchanges, 10 million received subsidies and 2 million did not. States that expanded Medicaid under Obamacare had lower uninsured rates than states that did not. This figure is calculated based on 1 additional death per persons without health insurance, on a base of 27 million uninsured persons. Two key reasons for more uninsured under President Trump include: The uninsured rate fell across nearly all demographic groups. The Census Bureau Health Insurance highlights summary report states that: In , the percentage of people without health insurance coverage for the entire calendar year was 8. The percentage of people with health insurance coverage for all or part of was In , private health insurance coverage continued to be more prevalent than government coverage, at Of the subtypes of health insurance coverage, employer-based insurance covered Between and , the rate of Medicare coverage increased by 0. There was no statistically significant difference between and for any other subtype of health insurance. Between and , the percentage of people without health insurance coverage dropped for most ages under 65, with generally larger decreases for working-age adults aged 19 to The percentage of uninsured children under age 19, 5. In , the uninsured rate for children under age 19 in poverty, 7. In , non-Hispanic Whites had the lowest uninsured rate among race and Hispanic origin groups, at 6. The uninsured rates for Blacks and Asians were higher than for non-Hispanic Whites, at Hispanics had the highest uninsured rate, at Between and , the percentage of people without health insurance at any time during the year fell 0. There was no statistical change in the uninsured rate for Blacks, Asians, or Hispanics during this period. Between and , the percentage of people without health insurance coverage at the time of interview decreased in 39 states. Eleven states and the District of Columbia did not have a statistically significant change in their uninsured rate. The Commonwealth Fund estimated in May that the number of uninsured increased by 4 million from early to early The rate of those uninsured increased from This was due to two factors: The impact was greater among lower-income adults, who had a higher uninsured rate than higher-income adults. Regionally, the South and West had higher uninsured rates than the North and East. Further, those 18 states that have not expanded Medicaid had a higher uninsured rate than those that did. As stated by the Census Bureau, people of Hispanic origin were the most affected by being uninsured; nearly a third of Hispanics lack health insurance. The state with the highest percentage of uninsured was Texas This label does not necessarily mean they can never get health insurance, but that they will not qualify for standard individual coverage. People with similar health status can be covered via employer-provided health insurance, Medicare, or Medicaid. In the Census Bureau states that Children living in poverty are The lower the income of a household the more likely it is they are uninsured. In , a household with an annual income of 25, or less was only Nearly 8 million young adults those aged 18â€”24 , were uninsured, representing Young adults make up the largest age segment of the uninsured, are the most likely to be uninsured, and are one of the fastest growing segments of the uninsured population. Others lose coverage when they graduate from college. Many young adults do not have the kind of stable employment that would provide ongoing access to health insurance. These changes also affect large employers, including self-insured firms, so that the firm bears the financial responsibility of providing coverage. The only exception to this is policies that were maintained continuously before the enactment of this legislation. Those policies would be grandfathered in. Relevant discussion may be found on the talk page. Please help improve this article by introducing citations to additional sources. September Learn how and when to remove this template message Non-citizens are more likely to be uninsured than citizens,

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with a This is attributable to a higher likelihood of working in a low-wage job that does not offer health benefits, and restrictions on eligibility for public programs. The longer a non-citizen immigrant has been in the country, the less likely they are to be uninsured. This increased spending would occur while state government revenues were declining. The authors conclude that Congress should consider similar relief for the current economic downturn. Americans who are uninsured may be so because their job does not offer insurance; they are unemployed and cannot pay for insurance; or they may be financially able to buy insurance but consider the cost prohibitive. Census Bureau states a 55 percent drop. Other uninsured Americans have chosen to join a health care sharing ministry as an alternative to insurance. Beginning with wage and price controls during World War II , and cemented by an income tax exemption ruling in , most working Americans have received their health insurance from their employers. But, "for people in poor or fair health, the chances of losing coverage are much greater for people who had small-group insurance than for those who had individual insurance. Individual coverage costs more if it is purchased after a person becomes unhealthy but "provides better protection compared to group insurance against high premiums for already individually insured people who become high risk. In addition, some state programs have enrollment caps. According to a study, the ACA likely prevented an estimated 50, preventable patient deaths from to The costs of treating the uninsured must often be absorbed by providers as charity care , passed on to the insured via cost-shifting and higher health insurance premiums, or paid by taxpayers through higher taxes. The impact on government spending could be higher, depending on the details of the plan used to increase coverage and the extent to which new public coverage crowded out existing private coverage. Most of these persons had medical insurance. A few states have achieved progress towards the goal of universal health insurance coverage, such as Maine, Massachusetts, and Vermont, but other states including California, have failed attempts of reforms. Children and Adults without health insurance did not receive needed medical care; they typically live in poorer health and die earlier than children or adults who have insurance. The financial stability of a whole family can be put at risk if only one person is uninsured and needs treatment for unexpected health care costs. The overall health status of a community can be adversely affected by a higher percentage of uninsured people within the community. The coverage gap between the insured and the uninsured has not decreased even after the recent federal initiatives to extend health insurance coverage. This report recommended the following: The President and Congress need to develop a strategy to achieve universal insurance coverage and establish a firm schedule to reach this goal by the year They also warned that the federal and state governments should prevent the erosion of outreach efforts, eligibility, enrollment, and coverage of these specific programs. Certain conditions including asthma, diabetes, and obesity have become much more prevalent among children in the past few decades. More than 10 million children in the United States meet the federal definition of children with special health care needs "who have or are at increased risk for a chronic physical, development, behavioral, or emotional condition and who also require health and related services of a type or amount beyond that required by children generally". Typically when children acquire health insurance, they are much less likely to experience previously unmet health care needs, this includes the average child in America and children with special health care needs. Children with health insurance receive more timely diagnosis of serious health conditions, experience fewer hospitalizations, and miss fewer days of school. Adults who have cardiovascular disease or other cardiac risk factors that are uninsured are less likely to be aware of their condition, which leads to worse health outcomes for those individuals. Without health insurance, adults are more likely to be diagnosed with certain cancers that would have been detectable earlier by screening by a clinician if they had regularly visited a doctor. As a consequence, these adults are more likely to die from their diagnosed cancer or suffer poorer health outcomes. Institute of Medicine committee warned of the potential problems of high rates of uninsurance for local health care, including reduced access to clinic-based primary care, specialty services, and hospital-based emergency services. Emergency Medical Treatment and Active Labor Act EMTALA, enacted by the federal government in , requires that hospital emergency departments treat emergency conditions of all patients regardless of their ability to pay and is considered a critical element in the "safety

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net" for the uninsured. However, the federal law established no direct payment mechanism for such care. Indirect payments and reimbursements through federal and state government programs have never fully compensated public and private hospitals for the full cost of care mandated by EMTALA. In fact, more than half of all emergency care in the U. According to the Institute of Medicine , between and , emergency room visits in the U. Mentally ill patients present a unique challenge for emergency departments and hospitals. In accordance with EMTALA, mentally ill patients who enter emergency rooms are evaluated for emergency medical conditions. Once mentally ill patients are medically stable, regional mental health agencies are contacted to evaluate them. Patients are evaluated as to whether they are a danger to themselves or others. Those meeting this criterion are admitted to a mental health facility to be further evaluated by a psychiatrist. Typically, mentally ill patients can be held for up to 72 hours, after which a court order is required. Uninsured rates by state[ edit ] Percent uninsured under age 65 by state 3.

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## Chapter 2 : State Category | Health Coverage & Uninsured | The Henry J. Kaiser Family Foundation

*The details for Washington are in the listing of Key Health Data About Washington. You can also view Washington health data on a county level with this interactive map that ranks the counties in Washington based on their overall health outcomes and health factors.*

Vistnes, PhD Highlights Rates of gaining coverage for non-elderly adults who were uninsured for an entire year increased from Among uninsured adults, gains in Medicaid coverage were larger in Among uninsured non-elderly adults, 5. The likelihood that insured, non-elderly adults would lose coverage was lower in 2. Introduction In , new sources of insurance coverage became available for previously uninsured adults. These new sources included premium subsidies for low and middle-income adults to purchase private insurance in new Marketplaces and the potential for states to expand Medicaid eligibility to include adults with incomes up to percent of the federal poverty line. By the end of , 29 states and the District of Columbia had expanded their Medicaid programs. Using information from the Household Component of the Medical Expenditure Panel Survey MEPS-HC for the 6 two-year intervals from through , this Research Findings provides detailed estimates of health insurance coverage transitions for non-elderly adults between the ages of 18 and Individuals are considered to have lost coverage if they were insured at any point during the first year and were uninsured for the entire second year. All differences between estimates discussed in the text are statistically significant at the 0. Findings All non-elderly adults In , newly-available Marketplace insurance and the expansion of Medicaid eligibility in many states provided new options for previously uninsured adults to obtain coverage. During that year, nearly one-third In , a similar percentage of adults who had been uninsured throughout gained coverage The gains in both of these periods are significantly higher than in any two-year period from through , where rates of gaining insurance ranged from Most of the increase in the rate of gaining coverage in and can be attributed to increased rates of gaining Medicaid and Marketplace coverage. Among uninsured adults, gains in Medicaid coverage were larger in “ Also among uninsured adults, 5. With respect to rates of insured adults losing coverage, there was no significant change between “ and “, but in “ 2. The remaining figures in this Findings present estimates for different population subgroups for the periods “ through “ Population subgroups State Medicaid Expansion Status In “, the likelihood of gaining coverage increased for previously uninsured adults living in both Medicaid expansion and non-expansion states relative to rates in “ However, there were no significant changes in these rates between “ and “ in either state category figure 2. Furthermore, in “, adults living in both expansion and non-expansion states had lower rates of losing coverage than in “ In “, there was no significant difference between expansion and non-expansion states in rates of gaining any coverage, but uninsured adults in expansion states had a higher rate of gaining Medicaid than those in non-expansion states 5. However, in both “ and “, uninsured adults living in Medicaid expansion states were more likely to gain coverage than adults in non-expansion states This is primarily due to the substantially higher rates of gaining Medicaid coverage in expansion states in those years. In expansion states, the percentages of uninsured adults gaining Medicaid coverage were higher in “ By contrast, there was no significant change over this period in Medicaid enrollment rates among uninsured adults in non-expansion states, and the rates of gaining Medicaid coverage in non-expansion states in “ 4. In “, uninsured adults in non-expansion states had a higher rate of gaining Marketplace coverage than their counterparts in expansion states 8. Age In “, the likelihood of gaining coverage increased for adults in all age categories compared to “ rates. However, there were no significant changes in rates of gaining coverage for adults in any age category between “ and “ figure 3. With respect to specific sources of coverage, the same pattern was observed for rates of gaining Medicaid coverage. For Marketplace coverage, uninsured adults ages 55-64 However, from to , there were no significant differences by age in the rates at which previously uninsured adults gained Marketplace coverage. The youngest uninsured adults were also more likely than those ages 36-54 to gain this type of coverage in

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both years, adults ages 18-35 were more likely to lose coverage. In 2008, the rate at which insured young adults lost coverage declined relative to their 2007 rates. However, young adults were still more likely to lose coverage than older adults. In nearly every comparison in the 2007 and 2008 periods, uninsured Hispanic adults were significantly less likely than other adults to gain insurance in the following year. In particular, in 2007, Hispanic adults were less likely to gain insurance than non-Hispanic whites. Also, in 2008, Hispanic adults were less likely to gain insurance than non-Hispanic whites. In most comparisons with other subgroups, Hispanic adults had a higher rate of losing coverage. Specifically, in 2007, Hispanics were more likely to lose coverage than non-Hispanic whites. In 2008, Hispanics were more likely to lose coverage than non-Hispanic whites. Education In 2007, the likelihood of gaining some type of coverage increased for adults in both education groups relative to 2006. However, there were no significant changes in rates of gaining coverage for either education group between the 2007 and 2008 periods (figure 5). With respect to specific sources of coverage, the same patterns were observed for rates of gaining Medicaid coverage for adults in both education groups in these time periods. In 2007, adults with a high-school education or less were less likely to enroll in Marketplace coverage. However, they were still more likely to lose coverage in 2008 than those with some college or more education. For consistency with panel specific weights from the other data files, the analytic weight for Panel 19 from HC was adjusted by post-stratifying by poverty status to the Current Population Survey. Definitions Uninsured People who did not have coverage for the entire year were classified as uninsured. People covered only by non-comprehensive State-specific programs e. Insured People who had coverage at any point during the year were classified as insured. Coverage type gained Individuals who gained coverage from the first to the second year of the reference period were placed into one of three hierarchical insurance categories: Marketplace, Medicaid no Marketplace or private coverage, and Other Public and Private Coverage that includes all sources of coverage except for those identified in the first two categories. Population covered Persons included in this analysis were in the survey for the entire two-year period of eligibility and were ages 18-64 for the entire two-year period of eligibility. This restriction excludes individuals who were institutionalized, left the country, or died during the two-year period and those who joined the household after January of the first year of the two-year period. The states that expanded Medicaid during the calendar year include Alaska, Indiana and Pennsylvania. Age Individuals are included in the analysis if they were ages 18-64 for the entire two-year period of eligibility. Although this sample restriction ensures individuals are always in the target age range, it excludes those who were age 64 in the first year of the reference period and turned 65 in the second year, and also excludes those who were 18 in the second year of their reference period. All persons whose main national origin or ancestry was reported in one of these Hispanic groups, regardless of racial background, were classified as Hispanic. All other persons were classified according to their reported race. For this analysis, the following classification by race and ethnicity was used: Hispanic, non-Hispanic black only, non-Hispanic white only, and non-Hispanic Asian only. Education Information on the highest level of schooling completed or the highest degree received by a person was recorded in the first round the person was included in the MEPS-HC. The categories included in this Research Findings are: About MEPS-HC MEPS-HC is a nationally representative longitudinal survey that collects detailed information on health care utilization and expenditures, health insurance, and health status, as well as a wide variety of social, demographic, and economic characteristics for the U.S. The Uninsured in America, First Part of Estimates for the U.S. Civilian Noninstitutionalized Population under Age Agency for Health Care Policy and Research, Civilian Noninstitutionalized Adult Population under Age Uninsured All Year, 2007 Uninsurance and Insurance Transitions, 2007 through 2008 We also invite you to tell us how you are using this Research Findings and other MEPS data and tools and to share suggestions on how MEPS products might be enhanced to further meet your needs. Note that the samples for the estimates in this Research Findings differ somewhat from those in Vistnes and Lipton because they use observations from one Panel in the MEPS-HC, not the combined two Panels used in Vistnes and Lipton and the age restrictions are based on a two-year, rather than a one-year period. Percentage of uninsured insured non-elderly adults1 in year one that gained lost coverage in year two, to

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## Chapter 3 : Health insurance coverage in the United States - Wikipedia

*Health Insurance Coverage of the Total Population. NW, Washington, DC | Phone Filling the need for trusted information on national health issues, the Kaiser Family.*

In Washington, short-term plan durations are limited to three months. The state also has a strong off-exchange market though subsidies are only available through Washington Healthplanfinder. Open enrollment for coverage will run from November 1 through December 15 in Washington. Carrier participation in the exchange is robust, with 11 insurers offering 74 individual market plans for Seven insurers are offering on-exchange plans. The average proposed rate increase for individual market plans was over 19 percent. Though high, the increase was roughly half that of the previous year. Medicaid expansion in Washington State When the ACA was implemented in , Washington accepted federal funding to expand Medicaid eligibility to those earning up to percent of poverty. Read more about Medicaid expansion in Washington State. Short-term health plans in Washington State Washington insurance regulators have implemented new rules for short-term health insurance plans , which will take effect in January , limiting the plans to no more than three months in duration and prohibiting renewals. The state regulations that take effect in Washington State in will also include a list of other provisions designed to help consumers avoid confusion during open enrollment and protect buyers with pre-existing conditions. Only one insurer offers short-term plans in Washington State. Read more about short-term health insurance in Washington State. For perspective, the national uninsured rate was Both are still in the Senate. In the House , the six Democratic representatives voted yes and three Republican representatives voted no. The six Democrats are supportive of the ACA, while the four Republicans support either full repeal or significant modification of the law. Does Washington have a high-risk pool? Pre-existing conditions could prevent an applicant from getting a policy at all, or could result in significantly higher premiums or policy exclusions. Now that the ACA has been implemented, all health insurance plans are guaranteed issue, largely eliminating the need for risk pools. The pool closed to most new non-Medicare enrollees at the end of , but existing members can stay on the plan until the end of As of , about 85 percent of Washington Medicare recipients were eligible based on age alone, while 15 percent qualified as the result of a disability. Medicare Advantage plans offer Washingtonians an alternative to Original Medicare. These plans are an option for consumers who want additional benefits beyond what traditional Medicare offers. Nationally, 31 percent of Medicare enrollees choose Medicare Advantage. This number is much lower than overall percentage of U. Medicare beneficiaries who select Part D coverage: Washington State health insurance resources Health Care for All â€” Washington State-based healthcare reform legislation The Washington legislature has been very active in the area of healthcare, addressing numerous issues that impact public health.

## Chapter 4 : Washington Health Insurance - www.nxgvision.com

*The uninsured rate for the non-elderly population in non-expansion states would decline from % to %, with expected take-up. Federal spending on health care would increase by \$ - \$ billion, while state Medicaid spending would only increase by \$ - \$ billion.*

## Chapter 5 : Health Insurance Coverage of the Total Population | The Henry J. Kaiser Family Foundation

*Health Coverage Changes Under the ACA for Non-elderly Veterans and Spouses of Veterans in Washington - Research Brief 82, Mar. Second Year Impact of ACA on Washington State's Health Coverage - Research Brief 80, Dec.*

## Chapter 6 : Washington health insurance: find affordable coverage | www.nxgvision.com

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*Insurance Coverage for Complementary Health Approaches Among Adult Users: United States, and Characteristics of Children in Medicaid Managed Care and Medicaid Fee-for-service, [PDF - KB].*