

Arizona Asthma Coalition
RESOLUTION
ACCESS TO CARE FOR THE UNINSURED
April 22, 2006

Who Are the Uninsured in Arizona?

Lack of health insurance coverage is a pressing issue and the number of uninsured people in Arizona is at an all-time high, over 1,001,000 people in 2006. The state ranks 12th among all states for the highest percentage of people with no health insurance. During the period from 2002 - 2004, the U.S. Census reported that 17.1% of Arizonans lacked health insurance compared to 15.1% for the US population.^{1,2}

According to a recent state health risk survey, 12.4% of respondents reported that they had been told they had asthma in 2000-04. By extrapolation, there are at least 124,100 asthmatics that do not have health insurance in Arizona. Because poor people are less likely to be insured and more likely to have asthma, the actual number of uninsured asthmatics could be higher.³

The U.S. health care system is fragmented. Most people over age 65 are covered by Medicare. A majority of people under age 65 is insured through their employers, but employer-based coverage is shrinking and below the national average in Arizona. Public programs like KidsCare and Arizona's Medicaid Program, AHCCCS, provide important coverage for low-income people.

Low-income Arizonans with family incomes below 200% of the Federal Poverty Level (FPL) stand the greatest risk of having no insurance. There are gaps in coverage among the following groups:⁴

- Children under age 18 and under: 15% of Arizona's children compared to 12% for the US
- Adults without children
- Low-wage workers employed by small businesses: 80% of the uninsured live in working families with at least one full- or part-time worker
- Racial and ethnic minorities: 31% of Hispanics were uninsured in AZ in 2003-4, followed by Blacks
- 19-29 year olds are the largest age group with no coverage

Benefits of Health Insurance Coverage

Health insurance provides access to appropriate and continuous care for people with asthma. Evidence from large medical research studies reveals that people without health insurance experience adverse health outcomes. They use fewer preventive services, delay or forgo needed care, receive fewer therapeutic services including medications, are four times more likely than insured patients to require emergency care and avoidable hospitalizations, and have higher mortality and disability rates.⁵

The Institute of Medicine recommends that by 2010, everyone in the United States should have health insurance. IOM provides the following set of guiding principles for reform: health care coverage should be universal, continuous and affordable to individuals and families. The insurance strategy should be affordable and sustainable for society. Health insurance should enhance health and well being by promoting access to high quality care that is effective, efficient, safe, timely, patient-centered and equitable.⁶

Arizona's Safety Net for People without Insurance

Arizona's safety net consists of a patchwork of programs for primary episodic or emergency care and many of these resources are not available in rural areas of the state:

- Community Health Centers: 87 community health centers provide low-cost or free primary care to 400,000 people in 13 of the 15 counties. Clients include the working poor, low-income families, immigrants, tribal members, the elderly and homeless. Funding: Federal, state, partnerships, fees.
- Healthcare Group: a state-sponsored health plan for small businesses. Over 20,100 members were enrolled in managed care plans by April 2006. This program could grow to 100,000 enrollees.
- School-based clinics: 95 school sites in Arizona are staffed with part-time physician assistants and nurse practitioners. Funding: partnerships in the community
- Hospital emergency care: by law, hospitals must treat patients regardless of citizenship status or ability to pay. Asthmatics in particular receive fragmented care if they rely on emergency room care and do not get linked to an ongoing outpatient system of comprehensive care.
- Public health clinics: Several counties offer primary care for the uninsured, prenatal care, and school-based clinics. Maricopa runs the largest network among all the counties, with fee-based services at 12 clinic locations plus a clinic for the homeless.
- Academic programs for nurses and medical residents: medical colleges, hospital-based residency training programs, and nursing schools offer a variety of primary care clinics in urban areas.
- Medical Home Project: school nurses can refer uninsured children who do not qualify for AHCCCS or KidsCare to MD's willing to accept a \$5-\$10 fee as payment per visit. The American Academy of Pediatrics sponsors the program and provides free laboratory tests and medications. 850 schools and 144 physicians participate, providing over 835 primary care and specialty appointments each month for eligible children.
- The Breathmobile: Phoenix Children's Hospital provides a mobile clinic to elementary schools with a high proportion of needy children in central and South Phoenix.
- Free medications: Major pharmaceutical companies offer free medications to low-income patients who meet eligibility criteria for coverage.

Asthmatics Need Continuous, Coordinated Care

For the 124,100 or more asthmatics in Arizona who lack health insurance, the fragile safety net may offer occasional care for asthma exacerbations but not the continuous, coordinated case management, patient education and medications needed to prevent and control the disease.

Recommendations:

Therefore the Arizona Asthma Coalition recommends the following incremental steps to improve access to primary care and consistent asthma management in Arizona:

1. Support policies which promote continuous, affordable access to health care for all Arizonans
2. Improve asthma surveillance and use the data to design new systems which can improve access to care for asthmatics of all ages
3. Support outreach efforts to increase enrollment for public insurance programs like AHCCCS and KidsCare
4. Explore strategies to increase eligibility and simplify enrollment for public insurance
5. Collaborate with partner organizations to promote "access to care initiatives" among businesses, providers, health plans, universities, public health agencies and foundations
6. Explore feasibility of adopting "best practices" that other states have developed to improve access to health insurance and asthma care in Arizona

Sources:

1. Arizona Population by Primary Insurance Market Segment, 2006. St. Luke's Health Initiatives, Phoenix AZ. www.slhi.org/policy_data/primary_insurance_market_segment_2006.shtml.
2. Income, Poverty and Health Insurance Coverage in the United States: 2004. Figure D-3. US Census Bureau, Washington DC.
3. Arizona Behavioral Risk Factor Survey 2004. Arizona Department of Health Services, Phoenix, AZ. <http://www.azdhs.gov/plan/brfs/>
4. State Health Facts. Kaiser Family Foundation. www.statehealthfacts.org
5. Care Without Coverage: Too Little, Too Late. Institute of Medicine of the National Academies. 2002. www.nap.edu
6. Insuring America's Health: Principles and Recommendations. Institute of Medicine, January 14, 2004. www.iom.edu/report.asp?id-17632

