

# Investing in Montana's Families, Montana's Future

A new federal opportunity allows Montana to create an affordable health insurance program for working families at a minimal cost.

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# Overview

Approximately 24,000 children and 19,000 parents in low-income families are uninsured in Montana – a number that grows each year.<sup>1</sup> These working families earn too little to afford the high cost of private insurance programs but earn too much to qualify for a public health insurance program.<sup>2</sup>

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The 1996 federal Personal Responsibility and Work Opportunity Reconciliation Act (PRWORA) allows states to expand their public health insurance programs for families and receive federal funds to pay for the cost. In the last two years, ten states have taken advantage of this new opportunity to create health insurance programs for low-income, working families ineligible for Medicaid. The law permits Montana to receive about \$3 in federal funds for every \$1 Montana spends on a health insurance program for eligible families.<sup>3</sup> This means that the Montana state legislature can create a comprehensive, affordable health insurance program for working families and pay only about one-quarter of the cost.

In the 2001 legislative session, lawmakers can take advantage of this new opportunity and invest in healthy families without relying heavily on limited state funds. Montana People's Action proposes that Montana take advantage of the federal funds and create a **Families Health First** program. This program will provide health insurance coverage to uninsured low-income families who are not eligible for Family Medicaid.

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Families who earn up to 200 percent of the federal poverty line (which is equal to \$28,300 a year for a family of three) will be eligible for Families Health First, with premiums based on income and family size. While parents will be expected to make reasonable contributions to their health care, out-of-pocket expenses will be modest and affordable to encourage wide participation in the program. The health benefits provided by Families Health First will be comprehensive and equal to those offered by Montana's current public health insurance programs: Family Medicaid and the Children's Health Insurance Program (CHIP). The Families Health First proposal is a way to reduce the number of uninsured families in Montana without using significant state dollars.

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# The Problem

## *Low-income, working families cannot access health insurance*

About one in five Montanans lack health insurance coverage.<sup>4</sup> The vast majority of these uninsured individuals are part of low-income, working families and many of them are children.<sup>5</sup> These low-income families are trapped: they earn too little to afford private health insurance but they earn too much to qualify for Montana's public health insurance programs.

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### ***Lack of health insurance means unhealthy families***

Common sense tells us that having health insurance makes a difference in people's health. Research confirms this. A report by the Kaiser Family Foundation documents that people with health insurance are more likely to have "excellent" or "very good" health while people without health insurance are more likely to have "fair" or "poor" health.<sup>6</sup> The same report found that people without health insurance who have a serious health condition are five times less likely to seek health care than those with insurance.<sup>7</sup> In addition, uninsured women are less likely to receive critical preventive services such as pap smears and mammograms.<sup>8</sup>

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Uninsured children also receive fewer health services like regular check-ups and dental care. Their parents are four times more likely to delay care when they need it and five times more likely to use the emergency room as a regular place of care than insured children.<sup>9</sup> Moreover, the disparity between uninsured and insured children is greater for children who are in poor health or who have disabilities.<sup>10</sup>

Communities with a high population of uninsured families face a negative economic impact. Because uninsured individuals tend to receive less preventive medical care, they are more likely to rely on emergency room care than the insured. This strains state and local public resources, such as hospitals and clinics, which provide care to the uninsured.<sup>11</sup> In addition, businesses are attracted to states with strong infrastructures, which includes a strong and healthy workforce. Broad access to health care is crucial to the economic growth and development of Montana.

## **In Their Own Words: Stories from Montana's Uninsured Families**

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### **Connie and Kendall Wolcott Billings, Montana**

My husband Kendall and I live in Billings. We have three kids of our own and we are in the process of adopting our young grandson who recently moved in with us. Kendall works full time and makes about \$1500 a month. I'm working part-time as a personal care attendant and I bring home about \$500 a month. We've managed to patch together health insurance for most of us: Kendall pays for insurance for himself through work, our kids have CHIP, and our grandson has Medicaid. I have no insurance.

I have diabetes, a condition that requires constant treatment to keep it in-check. I am an enrolled member of the Cheyenne, but contrary to popular belief that does not automatically give me all the free health care I need. In fact, once you've been off the reservation for 90 days you can no longer access free health care on the reservation.

The Indian Health Board in Billings is only open Tuesday and Thursday from 1- 5 p.m. and they only provide the most basic services. They hold diabetes clinics twice a month and if I can't make those times because of work or other reasons, I have to drive to Crow Agency to get care. Getting to and from Crow Agency takes about an hour each way, not to mention the cost of gas.

For me to be a good mother and grandmother, I need to be in good health. My kids depend on me. Having health insurance that I could use right here in town anytime I got sick would make a world of difference. It would mean I wouldn't have to take so much time off work and lose pay. It would also mean I wouldn't worry so much.

I would like to get onto my husband's health insurance plan, but we just can't afford it. It would cost us about \$400 a month to put the whole family on his insurance and we still would have to pay a deductible. I'm so grateful for the CHIP and Medicaid programs. Now my kids can see any doctor they need without having to rely on Indian Health, which can only see them on Tuesdays and Thursday. It brings a great peace of mind to know that your kids can get the care they need, when they need it.

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### ***Private insurance is too expensive for working families***

Low-income, working families need and want health insurance coverage, but they cannot afford to buy it. A recent national survey of the uninsured found that the most common reason cited by those going without health insurance was its high cost. Only three percent of people said they didn't have health insurance because they felt they didn't need it.<sup>12</sup>

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Montana ranks last in the nation in terms of the percentage of businesses offering health insurance benefits to their employees. Only 40 percent of Montana's businesses offer health insurance benefits.<sup>13</sup> Small businesses employing fewer than ten employees are even less likely to provide health insurance. Only 26 percent do.<sup>14</sup> The alternative for workers – buying an individual health insurance policy on the private market – is out of reach.

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Purchasing individual health insurance on the private market can cost hundreds of dollars each month. Take, for example, the cost of health insurance plans offered by BlueCross BlueShield of Montana. BlueCross writes 44 percent of the health insurance policies in Montana and is the state's dominant health insurer.<sup>15</sup> BlueCross offers quality, comprehensive health benefits for individuals and families through its "Healthy Montanan" plans. Under the least expensive option (Option V), a thirty-year-old mother with two children will pay approximately \$285 a month for coverage.<sup>16</sup> However, the family will first have to pay a \$2,500 deductible before BlueCross begins to pay for health care services. Additional "Healthy Montanan" plans with lower deductibles are available for about \$100 to \$150 more per month.

Other companies offer less comprehensive plans that exclude certain health care services (like well child care or maternity services) for a little more than half the cost of BlueCross' "Healthy Montanan" plans. However, these plans usually have significantly higher deductibles.<sup>17</sup>

Most of the jobs available in Montana do not pay enough for working families to purchase health insurance. According to a recent study, the average wage in Montana of \$21,144 a year is almost \$10,000 less than a Montana family of three needs to provide for its basic needs.<sup>18</sup> The study also found that four out of five Montana job openings pay less than \$30,784 a year and cannot support a family of three.<sup>19</sup> For low-income families who are already stretching their paychecks thin, a \$200 to \$400 monthly health insurance premium is out of reach.

## **In Their Own Words: Stories from Montana's Uninsured Families**

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### **Raymona and Leonard Catterlin Kalispell, Montana**

My husband, four kids and I moved to Kalispell this year from Bozeman and our family finally has health insurance. In Bozeman, my husband Leonard was working full-time making \$7 an hour. It didn't add up to much and it didn't provide health insurance for any of us. When I went to apply for Medicaid, the office said we didn't qualify because of our assets. They told us that our old truck bed that we use to haul firewood was an asset and that it made us ineligible.

In Bozeman, I was stressed a lot about our family's health and how we were going to make it. If one of us got sick enough to go to the doctor, we would have to make tiny payments or pawn something to cover the fees we had to pay up front.

Our son Buck is prone to ear infections, but without the money to cover the bills Buck often had to endure pain that he shouldn't have had to deal with when we lived in Bozeman. I have fibromyalgia which means I suffer from chronic pain in joints and muscles. Right now, I owe my chiropractor over \$1,000 for treatment of my degenerative disks. You definitely get different treatment because the doctors are focusing on whether or not you can pay them not on how they can help you. If you have coverage, they are willing to put in whatever time or energy is needed because they know they will get paid.

Things are better now since we moved to Kalispell in August. Leonard and I both have better jobs. He is making \$10 an hour as a woodworker and I am working part-time for \$7.50 an hour. My co-workers are great and they help out when I can't work because of the fibromyalgia. It seems funny, but since it cost us so much to move, our family now qualifies for Medicaid. We all will have Medicaid until next August, which is great.

It's different now with health insurance. I'm not afraid to go and get things checked out if there is something I'm concerned about. My stress level is not as high and that lowers the impact of fibromyalgia. It's just a relief to be able to go to the doctor if we need to. Next August, the kids and myself will be without insurance once again and I'm not sure what we'll do. Leonard will be covered by insurance at work next month, but we can't afford to put the rest of the family on. It costs \$300 a month and we have to spend \$2,500 before the insurance starts to pay.

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## ***Low-income, working families are left out of public insurance programs***

Currently, most working parents are not eligible for Family Medicaid, Montana's only public health insurance program for adults. (Medicare is a federal-only program and serves only adults aged 65 and older.) Montana state law specifies that a parent must earn less than 71 percent of the federal poverty line – less than \$10,000 a year for a family of three – in order to receive Family Medicaid. Parents who work full time, even those earning only minimum wage, are not eligible.

In order to be eligible for Montana's public health insurance program for parents, a single parent of two earning \$7 an hour can work no more than 27 hours per week to qualify.<sup>20</sup> Montana's low eligibility levels for its health insurance program discourages parents from working. If a full-time working parent earning low wages becomes ill or simply wants access to regular, preventive care, he or she cannot access public health insurance until the income is reduced enough to meet the eligibility guidelines.

Montana's public health insurance programs for children, Family Medicaid and the Children's Health Insurance Program (CHIP), are more generous. Together, they offer health insurance coverage for children in families earning up to 150 percent of the federal poverty line, which is equal to \$21,225 for a family of three. Created by the 1999 state legislature with funds from the federal government, Montana's CHIP program is the most significant expansion of health care in the past thirty years. But while Montana's CHIP program is an important step forward, it is not enough. Even when the CHIP program is fully operational in 2001, as many as 24,000 low-income children will remain uninsured.<sup>21</sup>

Too many uninsured parents and their children are left out of Montana's public health insurance programs. Because purchasing insurance is so expensive, many of these low-income, working families cannot afford to purchase insurance on the private market. These uninsured families are left with no health insurance options. It is a problem not only for these uninsured families – who are less healthy than their insured counterparts – but also for Montana's economy. Because it is difficult for the uninsured to access preventive health care, uninsured parents and their children must rely on expensive emergency services. Creating a new public insurance program to cover all low-income, working families will solve some of these problems.

### **What is a low-income family?**

Recently, the Health Care Financing Administration — the federal agency that manages Medicare, Medicaid, and CHIP — released guidelines that defined “low-income” families as those earning less than 200 percent of the federal poverty guidelines.

#### **2000 poverty guidelines for a family of three\***

| Percent of federal<br>poverty line (FPL) | Annual income for a<br>family of three |
|------------------------------------------|----------------------------------------|
| 100 %                                    | \$14,150                               |
| 150 %                                    | \$ 21,225                              |
| 200 %                                    | \$ 28,300                              |

\* For larger families, add \$2,900 to the 100 % of FPL level for each additional person.

## **In Their Own Words: Stories from Montana's Uninsured Families**

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### **Julie and Nate Bunton Missoula, Montana**

My husband Nate and I have two children living with us, two-year-old Aspen and twelve-year-old Rosie, and Nate financially supports his daughter Sara, who lives with her mother. Nate works full-time for a local contractor for \$8.25 an hour. I take care of the kids at home. Nate's income, which is around \$16,000 a year, supports our family.

Nate receives health insurance through his job, but the insurance doesn't cover the rest of us. Medicaid covers Aspen and Rosie, and Sara is applying CHIP, but I have nothing. This year, I already owe the hospital \$1,800. In some months, it has literally been pay rent or pay medical bills. Some of our medical bills are more than our \$325 a month rent. We went to Consumer Credit Counseling to try to get some help and they told us that there was nothing they could do.

Twice this year I have had to make trips to the emergency room. By the time I go into the emergency room, the lining of my bowels were coming apart. I didn't go in earlier because we couldn't afford the bills. I tried to get free care at the hospital but before I even got the charity care application I requested, they were threatening me with collections. We'll pay as best we can, but there's not a lot left over each month.

I'm worried about my daughter's health care coverage. My two-year-old Aspen suffers from hypothyroidism. She requires constant medical attention to make sure her medication is working properly in order to maintain normal growth. Right now, Medicaid covers Aspen, but I know that we are right on the edge of eligibility and if Nate gets a raise, she'll be off the program. I know about CHIP, and Aspen could qualify for CHIP if we did make more money. But, I also know that the CHIP program is very close to enrolling all the kids it has room for and I'm afraid the program will close. Then, there will be nothing for her.

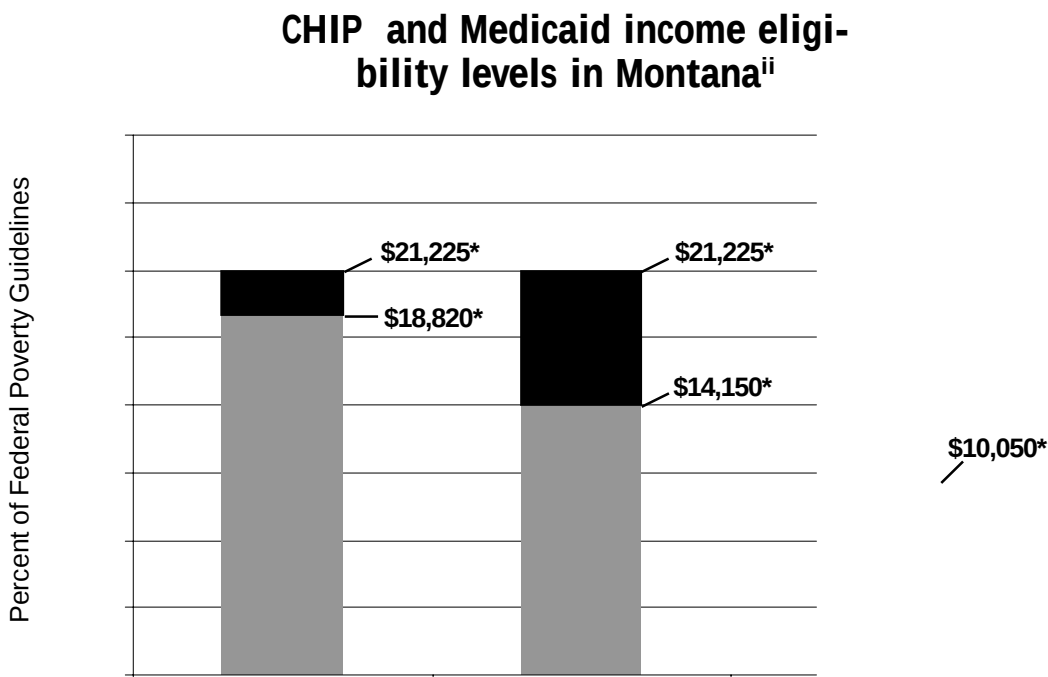
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## Questions and Answers about Public Health Insurance Programs in Montana

Montana operates two public health insurance programs for low-income families who meet the eligibility criteria: the Children's Health Insurance Program (CHIP) and the Family Medicaid program.

### **Q. Who is eligible for Montana's health care programs?**

Montana has some of the lowest eligibility levels in the nation for Family Medicaid and CHIP.<sup>i</sup> Medicaid and CHIP have "stair-step" eligibility for children of different ages. This means that children in the same family can be eligible for separate programs. For example, a parent with a four-year-old and an eight-year-old earning \$19,000 a year (about \$9.50 an hour) would need to apply for both CHIP and Medicaid. Families can be confused when one child is eligible for coverage and another is not, when children within the family are eligible for different programs, or when a child loses coverage after a birthday. Making eligibility levels consistent for all children within a family will solve this problem. The chart below shows the stair-step eligibility levels for CHIP and Medicaid by income and age.



\* These are the maximum amounts three-person families can earn in a year and qualify for CHIP or Medicaid in Montana.

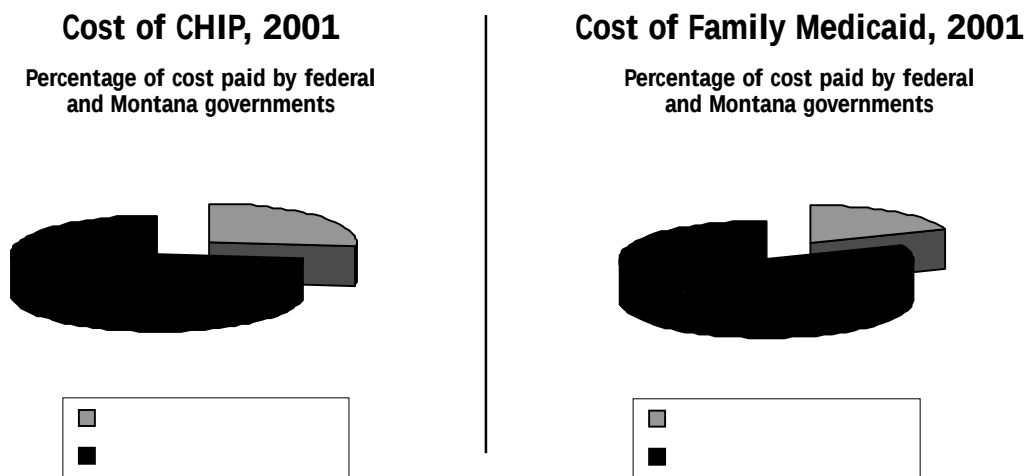
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<sup>i</sup> *Disparities in Eligibility for Public Health Insurance Between Children and Adults*, 2000, Families USA, March 2000, <[www.familiesusa.org](http://www.familiesusa.org)> and *All Over the Map: A Progress Report on the State Children's Health Insurance Program*, Children's Defense Fund, July 2000, <[www.childrensdefense.org](http://www.childrensdefense.org)>. <sup>ii</sup> Eligibility for CHIP and Family Medicaid is more complicated than this chart can reflect. For example, in order to be eligible for Family Medicaid, families cannot have significant assets. CHIP has no assets test. In addition, legal immigrants who entered the United States after August, 1996 are generally not eligible for CHIP or Medicaid. Montana is scheduled to expand Medicaid eligibility to 17 and 18-year-olds by September 2002, 42 USC Sec. 1396a(l)(1)(D).

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## Q. Who pays for Montana's health care programs?

The federal government pays for the bulk of the costs associated with Family Medicaid and CHIP: 73 percent of the cost for the Family Medicaid program and 81 percent of the costs for the CHIP program. This means that for every \$1 Montana spends on its public health insurance programs, the federal government provides Montana with between \$2.71 and \$4.33. However, once Montana has spent its yearly CHIP block grant (about \$10 million a year) from the federal government, it can not receive any additional CHIP funds.



## Q. How do families enroll in Family Medicaid and CHIP?

Families must wade through government red tape to enroll in the Family Medicaid program. To apply, parents must go to their county welfare office, fill out a 17-page application form, return to the office at a later date for a required interview, and comply with burdensome verification requirements. Families must wait up to 45 days to learn if they are eligible.

CHIP, on the other hand, is very easy to enroll in and families can do so by mailing in a 4-page application form. The application form is available at multiple locations in the community and the state operates a 800 number for parents who want to request a CHIP application. Verification requirements are minimal and there is no required face-to-face interview. Families generally learn if their children are eligible in two weeks.

*For more information on this topic, see "No Healthy Start in Montana: State Enrollment Process Prevents Children from Accessing CHIP and Medicaid," Montana People's Action and Northwest Federation of Community Organizations, at [www.nwfco.org](http://www.nwfco.org) or call (406) 728-5297.*

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# The Solution

*Use federal funds to create an affordable health insurance program for Montana's working families*

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In the 2001 legislative session, lawmakers can take advantage of a new opportunity to invest in healthy families, without relying heavily on limited state funds. Montana can join ten other states that have already taken advantage of provisions in the 1996 Personal Responsibility and Work Opportunity Reconciliation Act (PRWORA) law to provide health insurance coverage to low-income families.<sup>22</sup> This law allows Montana to receive almost \$3 in federal funds for every \$1 it spends to fund public health insurance programs for low-income families.<sup>23</sup> This is an opportunity to invest in Montana families by providing them with affordable health insurance with little cost to the state government.

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The **Families Health First** program supported by Montana People's Action offers numerous benefits for Montana. For starters, it provides the state with a way to reduce the number of uninsured families in Montana without using significant state dollars. Families Health First aims to cover families who earn too much to qualify for state health insurance programs but who cannot afford the cost of private insurance. Families who earn more than 200 percent of the federal poverty line (which is \$28,300 a year for a family of three) will not be eligible for the program. By adopting Families Health First, the Montana state legislature can draw federal dollars to pay for nearly three-quarters of the cost of the program. It is like getting a comprehensive health insurance policy at a 73 percent discount.

If Montana families can access an affordable, quality public health insurance program, they will be healthier. Parents with health insurance are less likely to forgo recommended medical treatment and are less likely to delay needed medical care for their children.<sup>24</sup> Insured families will be less likely to rely on expensive emergency room treatment for their health care problems.<sup>25</sup> This will decrease the pressure on hospitals to provide uncompensated care in emergency rooms. In addition, providing coverage to parents will help Montana's effort to enroll children in health insurance programs because parents are more likely to enroll their children in a program that they are eligible for too.<sup>26</sup>

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An additional benefit of providing public health insurance to uninsured working parents is that it will encourage them to continue working and avoid public assistance programs. Currently, Montana's Medicaid program discourages work by only providing coverage to the very poorest of families. Providing health care coverage to low-wage workers encourages them to keep their jobs and helps them avoid illnesses that may cause them to miss work.<sup>27</sup>

Finally, adopting Families Health First will also help small business owners. It is not surprising that almost three quarters of Montana's small business owners do not provide health insurance to their employees: health insurance costs are expensive and increasing for employers as well as individuals. Small businesses should not be expected to endure the burden of providing health insurance to their workers without help.

## **In Their Own Words: Stories from Montana's Families**

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### **Sara and Tony C.\* Billings, Montana**

I live in Billings with my husband Tony and our 15-month-old daughter. Tony works in Laurel at an industrial recycling company and brings home about \$1,000 a month. I stay at home with our daughter selling Avon on the side, but I receive about \$900 a month in SSDI (Social Security Disability Income). Kim and I are on Medicaid and soon Tony's new job will start paying for him to have insurance too. We can't afford to put Kim and me on his work insurance because it costs \$300 a month and there is a big deductible.

I don't know what would have happened to us during my pregnancy and Kim's birth if we didn't have Medicaid coverage. Our baby Kim was born three weeks premature and she spent one week in neonatal care. It cost over \$25,000 and we don't have that kind of money. It was a very difficult pregnancy. I developed gestational diabetes and had to go into the doctor every week for insulin. In total, my pregnancy and the delivery cost nearly \$20,000 not including all of the neonatal care for Kim once she was born.

At the time of Kim's birth, my husband was working but only making about \$750 a month with no health insurance. There is no way we could have paid the bills on our own. I take a regular medication and I am thankful to have health insurance for myself because the medication costs \$300 a month. With Medicaid, I pay \$2 for the medication. And, I can take Kim to a doctor at the children's clinic just like everyone else and not to a free clinic.

*\*Sara requested that her family's last name be withheld.*

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# Conclusion

*Now is the time to provide health coverage for low-income families*

Health insurance coverage is essential for families to receive the quality, affordable health care services they need. Yet private health insurance is too expensive for low-income families and Montana's public health insurance programs do not provide coverage to enough low-income families.

Even with full implementation of the Children's Health Insurance Program (CHIP) in early 2001, 24,000 children in families earning less than 200 percent of the federal poverty line (which is \$28,300 for a family of three) will be uninsured. Low-income parents in Montana are no better off – 19,000 of them are uninsured. The vast majority of them are part of working families, but even when they are working, they don't earn enough to afford private health insurance because it is too expensive.

Congress recognized this problem in 1996 when it passed the Personal Responsibility and Work Opportunity Reconciliation Act. This act allows states to expand their public health insurance programs and receive federal funds to pay for the cost. For Montana, this means that the federal government will pay for 73 percent of the cost of creating a health insurance program for low-income, uninsured families. For every \$1 that the Montana state legislature invests in a health insurance program for low-income families, the federal government will give Montana almost \$3.

Montana People's Action is proposing a Families Health First program to take advantage of this opportunity and provide health insurance to low-income working families. Low-income families who earn up to 200 percent of the federal poverty line (equal to \$28,300 a year for a family of three) will be eligible for the Families Health First program, with premiums based on income and family size. While parents will be expected to make reasonable contributions to their health care, out-of-pocket expenses will be modest and affordable to encourage wide participation in the program. The health benefits provided by Families Health First will be comprehensive and equal to those offered by Medicaid or CHIP.

The 2001 legislative session is an opportunity for state legislators to invest in Montana families by providing 43,000 low-income uninsured parents and children with quality, affordable health insurance. Better yet, the state legislature can adopt this program and rely on federal funds to pay for it. It is time to make an investment in Montana's families and a healthy future.

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# Endnotes

<sup>1</sup> The U.S. Census Bureau estimates that an average of 34,000 children in families earning less than 200 percent of the federal poverty line were uninsured in 1995, 1996, and 1997, before CHIP was implemented in Montana. From U.S. Census Bureau, Current Population Survey, *Number and Percent of Children under 19 Years of Age, at or below 200 Percent of Poverty, by State: Three-Year Averages for 1995, 1996, and 1997*, November 10, 1999, <<http://www.census.gov/hhes/hlthins/liuc97.html>>. This report accepts Montana Department of Public Health and Human Services projection that approximately 10,000 children will be covered by CHIP by the end of 2000 and has subtracted 10,000 children from the US Census Bureau's estimate of the number of uninsured children. Estimate for number of uninsured parents earning less than 200 percent of the federal poverty line from Jocelyn Guyer and Cindy Mann, *Employed But Not Insured: A State-by-State Analysis of the Number of Low-Income Working Parents Who Lack Health Insurance*, Center on Budget and Policy Priorities, February 1999, p. 7. A low-income family is defined as a family earning less than 200 percent of the federal poverty line, \$28,300 a year for a family of three.

<sup>2</sup> Because of administrative barriers that make getting and keeping Medicaid difficult in Montana, some of these uninsured families may be eligible for Montana's existing Medicaid program but not enrolled. See *No Healthy Start in Montana*, Northwest Federation of Community Organizations and Montana People's Action, Spring 2000, <[www.nwfc.org](http://www.nwfc.org)> for more detailed information about the barriers to enrollment issue.

<sup>3</sup> "Federal Financial Participation in State Assistance Expenditures for October 1, 2000 through September 30, 2001," Federal Register: February 23, 2000 (Volume 65, Number 36), <[wais.access.gpo.gov](http://www.access.gpo.gov)>.

<sup>4</sup> U.S. Census Bureau, Current Population Survey, "People Covered and Not Covered by Health Insurance by State in 1998," March 1999, <[www.census.gov/hhes/hlthins/hlthin98/hi98t8.html](http://www.census.gov/hhes/hlthins/hlthin98/hi98t8.html)> and Montana Department of Public Health and Human Services (DPHHS), "White Paper: Strategies for Improving Access to Health Care Coverage, June 2000, p. 2.

<sup>5</sup> According to the June 2000 DPHHS White Paper, 83 percent of uninsured Montanans live in a working family.

<sup>6</sup> *Uninsured in America: A Chart Book*, The Kaiser Commission on Medicaid and the Uninsured, May 2000, p. 57.

<sup>7</sup> Kaiser Commission, p. 58.

<sup>8</sup> Kaiser Commission, p. 73. While 76 percent of insured women received pap smears in 2000, only 49 percent of uninsured women did. Similarly, while 40 percent of insured women received mammograms, only 16 percent of uninsured women did.

<sup>9</sup> American College Physicians - American Society of Internal Medicine, *No Health Insurance? It's Enough to Make You Sick: Scientific Research Linking the Lack of Health Coverage to Poor Health*, Washington, DC, 1999. <[www.acponline.org/uninsured/lack-exec.htm](http://www.acponline.org/uninsured/lack-exec.htm)>.

<sup>10</sup> Kaiser Commission, p. 68.

<sup>11</sup> National Governors Association, "Health Insurance Trends," n.d., <[www.nga.org/CBP/Activities/HealthIns.asp](http://www.nga.org/CBP/Activities/HealthIns.asp)>.

<sup>12</sup> Kaiser Commission, p. 35.

<sup>13</sup> DPHHS White Paper, p. 2.

<sup>14</sup> *Ibid.*, p. 2.

<sup>15</sup> *Ibid.*, p. 4.

<sup>16</sup> "Dues Schedule Healthy Montanan: New and Renewal Rates for October, November and December 2000," BlueCross BlueShield of Montana, n.d.

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# Endnotes, con't

<sup>17</sup> For example, a thirty-year-old mother with two children will pay \$215 a month to purchase a family health insurance policy from CeliCare, a health insurance company based in Chicago, IL. This plan has a \$750 deductible and requires 20 percent co-payments of up to \$3,750 a year.

<sup>18</sup> *Northwest Job Gap Study: Searching for Work That Pays*, Northwest Policy Center and Northwest Federation of Community Organizations, January 1999. This study assumed that employers pay 80 percent of the cost of health care for their employees. A family of three would like need more than the \$30,784 if it did not have employer-paid health insurance.

<sup>19</sup> *Northwest Job Gap Study: Searching for Work That Pays*, Northwest Policy Center and Northwest Federation of Community Organizations, January 1999.

<sup>20</sup> Jocelyn Guyer and Cindy Mann, *Employed But Not Insured: A State-by-State Analysis of the Number of Low-Income Working Parents Who Lack Health Insurance*, Center on Budget and Policy Priorities, February 1999, p. 25.

<sup>21</sup> See footnote 1.

<sup>22</sup> Leighton Ku and Matthew Broaddus, *The Importance of Family-based Insurance Expansions: New Research Findings About State Health Reforms*, Center on Budget and Policy Priorities, September 5, 2000. The ten states are California, Connecticut, Maine, Missouri, New Jersey, New York, Ohio, Rhode Island, Wisconsin, and the District of Columbia (which is treated as a state by the Health Care Financing Administration for this purpose). Delaware, Hawaii, Oregon, Tennessee, Minnesota, Washington, and Vermont expanded their Medicaid programs through HCFA waivers or created a separate state program for families before the 1996 welfare law option was available.

<sup>23</sup> Melora Krebs-Carter and John Holahan, *State Strategies for Covering Uninsured Adults*, The Urban Institute, February 2000, p. 15. If states wish to expand health insurance coverage to childless adults, they must apply for a 1115 waiver because they do not have this authority under Section 1931 of the Social Security Act.

<sup>24</sup> Kaiser Commission, p. 56.

<sup>25</sup> American College Physicians - American Society of Internal Medicine, *No Health Insurance? It's Enough to Make You Sick: Scientific Research Linking the Lack of Health Coverage to Poor Health*, 1999, <[www.acponline.org/uninsured/lack-exec.htm](http://www.acponline.org/uninsured/lack-exec.htm)>.

<sup>26</sup> Leighton Ku and Matthew Broaddus, *The Importance of Family-Based Insurance Expansions: New Research Findings about State Health Reforms*, the Center on Budget and Policy Priorities, September 2000, p. 1.

<sup>27</sup> Jocelyn Guyer and Cindy Mann, *Taking the Next Step: States Can Now Expand Health Coverage to Low-Income Working Parents Through Medicaid*, Center on Budget and Policy Priorities, August 19, 1998.

## About the Organizations Releasing This Report

Founded in 1982, **Montana People's Action** (MPA) is a statewide economic justice organization with over 6,000 member families in Billings, Bozeman, and Missoula. For almost two decades MPA has been the primary voice for low- and working-income Montanans around the issues of housing, access to credit and banking services, access to health care, economic development policy, and income security.

The **Northwest Federation of Community Organizations** (NWFCO) is a regional federation of five statewide, community-based social and economic justice organizations located in the states of Idaho, Montana, Oregon and Washington: Idaho Community Action Network (ICAN), Montana People's Action (MPA), Oregon Action (OA), Washington Citizen Action (WCA) and Coalition of Montanans Concerned with Disabilities (CMCD). Collectively, these organizations engage in community organizing and coalition building in fourteen rural and major metropolitan areas, including the Northwest's largest cities (Seattle and Portland) and the largest cities in Montana and Idaho.