



Vermont Division of Health Care Administration
2005 Household Health Insurance Survey

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**2005 Vermont Household Health Insurance Survey:
Final Report**

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I. Survey Methodology

The Sample

The 2005 Vermont Household Health Insurance Survey is based on telephone interviews conducted between November 7, 2005 and February 15, 2006 among 4,468 randomly selected households in Vermont.

The sampling methodology relied on a statewide general population sample that was supplemented by an over sample of households with at least one uninsured resident. The sample was thus divided into two components with a set target for the number of completed household interviews in the general population survey (GPS) as well as an over sample of the uninsured with the goal of gathering data from additional households with at least one uninsured household member. The target was to gather data on a minimum of 1,500 uninsured residents. A total of 4,006 surveys were completed during the general population component and an additional 463 interviews were completed among the uninsured over sample component.

Both the general population survey and the uninsured over sample relied on a single statewide sampling strata. That is, for each component, sample was drawn statewide in proportion to the population. The sample of the telephone numbers called during both sampling phases was based on a complete updated list of telephone prefixes (the first three digits in a seven-digit number) used throughout the state of Vermont. The sample was generated using software provided by GENESYS Sampling Systems. This software ensures that every residential telephone number has an equal probability of selection.

When a working residential number was called, the person most knowledgeable about health insurance coverage and the health care needs of the household was identified and interviewed. The respondent was asked to provide information about all household members.

Up to twenty attempts were made to contact and interview each selected household and identified respondent. The survey was administered in full to each respondent.

Among the 4,006 interviews completed during the general population survey, data was obtained on 9,754 Vermont residents. Data was obtained on 1,226 residents during the uninsured over sample (this included residents that were insured as well as uninsured). Combining the general population survey and the uninsured over sample, data was obtained on a total of 1,547 uninsured Vermont residents.

Sampling Error

The percentages reported for the general population survey are within plus or minus 1.5% of what would be found if all households and their residents in Vermont participated. For example, if our survey showed that 50% of the sample was very concerned about the cost of health care, then the comparable figure for the population would be somewhere between 48.5% and 51.5%, with a confidence level of 95%.

The percentages reported in the analysis of the uninsured population of Vermont are within plus or minus 2.8%.

Response Rate

The response rate is the ratio of the number of completed interviews divided by the number of eligible plus undetermined units in the sample. This represents the American Association for Public Opinion Research (AAPOR) Response Rate 1, or AAPOR RR1.

The response rates to the general population component of the 2005 Vermont Household Health Insurance Survey were 58% (CASRO) and 52% (AAPOR RR1).

The response rates to the uninsured over sample component of the 2005 Vermont Household Health Insurance Survey were 33% (CASRO) and 21% (AAPOR RR1).

For comparison, the Behavioral Risk Factor Surveillance Survey (BRFSS) which is an RDD survey conducted by the CDC within individual states, similar to the methodology and design of this survey, had an average response rate of 52% in 2004 using response rate formulas similar to the CASRO formula.

II. Executive Summary

Primary Type of Insurance Coverage

Currently, the majority (59.4%) of Vermont residents have private insurance as their primary type of health insurance coverage.¹ Another 14.5% of Vermont residents have health insurance coverage through the state Medicaid program, 14.5% are covered by Medicare, 1.7% are covered by military insurance, and 9.8% of Vermont residents are uninsured.

Private Health Insurance Coverage

Currently, 61.5% of Vermont residents are covered by private insurance, including those who have private insurance in addition to other sources of coverage. This is a slight decrease compared to the proportion of Vermont residents covered by private insurance found during the 2000 administration of the Vermont Health Insurance Survey. Blue Cross and Blue Shield of Vermont represents the primary company providing private health insurance and provides health insurance to about 40% of privately insured residents. Nearly all (90.9%) Vermont residents with private health insurance have coverage provided through an employer. Most private health insurance coverage (90.4%) provides some type of prescription drug benefit.

Medicaid Coverage

Currently, 19.1% of Vermont residents have their health insurance provided by the state Medicaid program including 19,000 who are also enrolled in the federal Medicare program. This is a slight increase of Vermont residents covered by Medicaid programs from the percentage found during the 2000 administration of the survey. Among children age 0 to 17, 41.3% currently have health insurance coverage through the state Medicaid program. Among adults, 14.3% of those ages 18 to 64 have coverage through the state Medicaid program while 11.3% of adults 65 and older have Medicaid coverage.

Sixty six percent of Vermont residents with coverage through Medicaid, including Dr. Dynasaur and VHAP, say they probably or definitely could not get private insurance if these programs were not available.

¹ Primary type of health insurance coverage classifies residents with more than one type of insurance into a single category.

Medicare Coverage

Currently, 14.9% of Vermont residents are covered by Medicare including those with additional sources of comprehensive major medical coverage. Nearly half of the residents receiving Medicare benefits (46.7%) also have Medicare supplement insurance or Medigap. The main providers of Medicare supplements to Vermont residents are AARP and Blue Cross Plan 65. Six in ten residents with supplements (61.8%) pay for their supplement out of pocket. Six in ten residents with Medicare supplement insurance report having some type of prescription drug benefit.

Uninsured Residents

Currently, 9.8% of Vermont residents are uninsured. Since the administration of the 2000 survey, there has been an increase of 1.4% in the proportion of residents who are uninsured. Among Vermont residents aged 18 to 34, 24.7% or 11,873 individuals are currently uninsured, making this the age category with the highest rate of uninsured residents. More than three in ten uninsured residents (31%) have been without health insurance coverage for a year or less, while 35% have lacked coverage for five or more years.

Uninsured Residents Eligible for Coverage through the State Medicaid Program

Approximately 5,200 or nearly 80% of uninsured children between the ages of 0 and 17 meet current eligibility requirements for coverage through the state Medicaid program. Nearly 50% of uninsured adults between the ages of 18 and 64 would also meet current eligibility requirements for coverage through the state Medicaid program with 40% of uninsured residents between 18 and 64 meeting the eligibility requirements for VHAP. Approximately 25,600 uninsured adults age 18 to 64 are eligible for coverage through the state Medicaid program.

Interruptions in Insurance Coverage

About 6% or 36,014 of insured Vermont residents were without coverage at some time during the past 12 months. The most frequently cited reasons for these past interruptions in coverage were cost related; that the cost of insurance is too high, the cost increased, or that they could not afford the coverage. Among those who have experienced an interruption in health insurance coverage at some time during the past 12 months, about half were without coverage for 1 to 3 months while another quarter was without coverage for 4 to 6 months.

Concerns about Loss of Insurance Coverage

About 12% or 66,544 of currently insured Vermont residents are concerned they will lose health insurance coverage during the next 12 months. Those covered by the state's Medicaid program are most concerned about the potential loss of health insurance coverage; with over 26% of those covered by Medicaid expressing concern about losing their health insurance while 9% of those covered by private insurance concerned about losing coverage. When those covered by Medicaid were asked why they are concerned about losing coverage, the most frequently cited reasons were seasonal variability in income, potential cost increases, and fear the program will be cut. When asked this same question, those covered by private insurance most frequently cited potential cost increases, fear that they will lose their job, and loss of eligibility due to age or leaving school.

Dental and Vision Insurance Coverage

Currently, a little over half or 327,734 Vermont residents are covered by an insurance plan that pays for routine dental care while nearly 71% of children under the age of 18 have dental coverage. Among residents with private insurance as their primary type of insurance coverage, about two-thirds or 236,084 have dental coverage. About 45% or 276,287 Vermont residents are covered by a plan that pays for vision care with 53% of children under the age of 18 with vision coverage. Among residents with private insurance as their primary source of coverage, 52% or 180,751 have vision coverage.

Prescription Drug Expenses

About 54% of Vermont residents do not take any prescription drugs on a regular basis while almost 10% or 58,320 individuals take 5 or more prescription medicines on a regular basis. About 66% of Vermont residents who take at least 1 prescription medicine pay \$50 or less a month for their prescriptions while about 4% pay \$200 or more. Among all Vermont residents, 82% or 508,063 have some type of prescription drug coverage.

As of February 2006, a sample of Vermont Medicare beneficiaries reported the information discussed below. About two-thirds of residents over 65 with Medicare had received information regarding the new prescription drug program and 47.6% of residents over 65 were very or somewhat familiar with the new program. Less than half of those 65 and older with Medicare coverage (42.0%) indicated they understand the program very or somewhat well. About a quarter of Medicare recipients 65 and older said they were planning to enroll. Among those who were not likely to enroll, the most often cited reasons were current prescription drug coverage through another source or the lack of interest in the program.

Health Care Utilization

About 13% of Vermont residents have not visited a health care professional in the previous 12 months. Approximately 46% of Vermont residents saw a doctor or other health care professional 1 to 3 times during the past 12 months, 39% visited a health care provider 4 or more times in the past 12 months. In terms of the primary point of medical services, over three-quarters of Vermont residents go to a private doctor's office when they need medical attention, 15% go to a neighborhood health center, 4% go to a hospital outpatient department, and 1% goes to the emergency room for medical attention.

Only small percentages of Vermont residents reported receiving inpatient hospital care or visiting an emergency room. About 5% of Vermont residents reported having stayed overnight in a hospital sometime in the last 12 months while about 9% had sought medical care at an emergency room sometime in the last 12 months.

Compared to insured Vermonters, uninsured Vermont residents were much less likely to have seen a doctor in the previous 12 months. While about 1 out of every 10 insured residents did not see a doctor in the previous 12 months, almost 2 out of every 5 uninsured residents did not see a doctor. The majority of both insured and uninsured residents go to a private doctor's office as the primary point of service. Specifically, 60% of the uninsured use the doctor's office as the primary point of service compared to 80% of the insured. Additionally, 23% of the uninsured go to a neighborhood health center as the primary point of service compared to 14% of the insured and almost 6% of the uninsured use hospital emergency rooms as their primary point of service compared to less than 1% of the insured.

Health Status and Chronic Conditions

More than two-thirds of Vermont residents describe their health as excellent or very good with only about 10% saying their health is fair or poor. About 1 out of every 5 Vermont residents is limited in their activities because of a physical, mental, or emotional problem. Among Vermont residents the most common chronic conditions are high blood pressure, high cholesterol, and depression. Specifically, 18% of Vermont residents report having high blood pressure, 18% report high cholesterol, 13% report suffering from depression, 9% have asthma, 6% suffer from diabetes, 6% have heart disease, and 3% of Vermont residents have lung disease.

The uninsured and insured describe their health similarly, however the uninsured are slightly less likely to report being limited in some way due to physical, mental, or emotional problems. However, regarding chronic conditions, the uninsured are less likely to report having diabetes (3% vs. 4% of the insured), high blood pressure (10% vs. 19% of the insured), high cholesterol (9% vs. 19% of the insured), heart disease (2% vs. 6% of the insured), and lung disease (1% vs. 3% of the insured). This may appear to indicate that the uninsured are healthier than the insured, however, it is more likely that

due to delay of health care (see section below) the uninsured have simply not been diagnosed for these chronic conditions.

Health Care Barriers

A number of Vermont residents are delaying needed care because they cannot afford the care. The type of care most often delayed is dental care for which 11% of Vermont residents report delaying care due to its cost. Four percent of Vermont residents have delayed seeking needed medical care from a doctor because they could not afford it, 2% did not receive a needed diagnostic test, and about 2% have forgone mental health care or counseling because they could not afford this care. Five percent of Vermont residents have skipped or taken smaller doses of their prescription medicines in order to make them last longer and 3% have forgone needed medicines altogether because they could not afford them.

As stated previously, the uninsured are more likely to delay needed medical care due to cost compared to the insured. Specifically, 8% of the insured delayed dental care compared to 34% of the uninsured, 2% of the insured delayed medical care compared to 21% of the uninsured, 1% of the insured delayed a diagnostic test compared to 9% of the uninsured, 1% of the insured delayed mental health care compared to 6% of the uninsured, 2% of the insured delayed getting prescription medicines compared to 11% of the uninsured, and finally 5% of the insured skipped doses or took smaller amounts of a prescription medicine compared to 9% of the uninsured.

Cost of medical care is a major factor contributing to residents' delay of needed care. Over half of Vermont residents are very or somewhat concerned about being able to afford prescription medicines. About 1 out of every 5 Vermont families has experienced problems paying for medical bills for someone in their family. Additionally, about 14% of Vermont households have been contacted by a collection agency about owing money for unpaid medical bills while about 6% of households have had a family member who has had to change their life significantly in order to pay medical bills.

Regardless of insurance status, fewer Vermont residents are delaying needed health care in comparison to the 2000 administration of the survey. Specifically, the percentage of residents delaying medical care has decreased about 3 percentage points from 7% in 2000, delay of dental care has decreased about 4 percentage points from 15% in 2000, and delay of prescription medicines has decreased about 2 percentage points from 5% in 2000. However, during this time that delay of care has been decreasing, the percent reporting that they have been contacted by a collection agency regarding unpaid medical bills has increased about 7 percentage points from 7% in 2000.

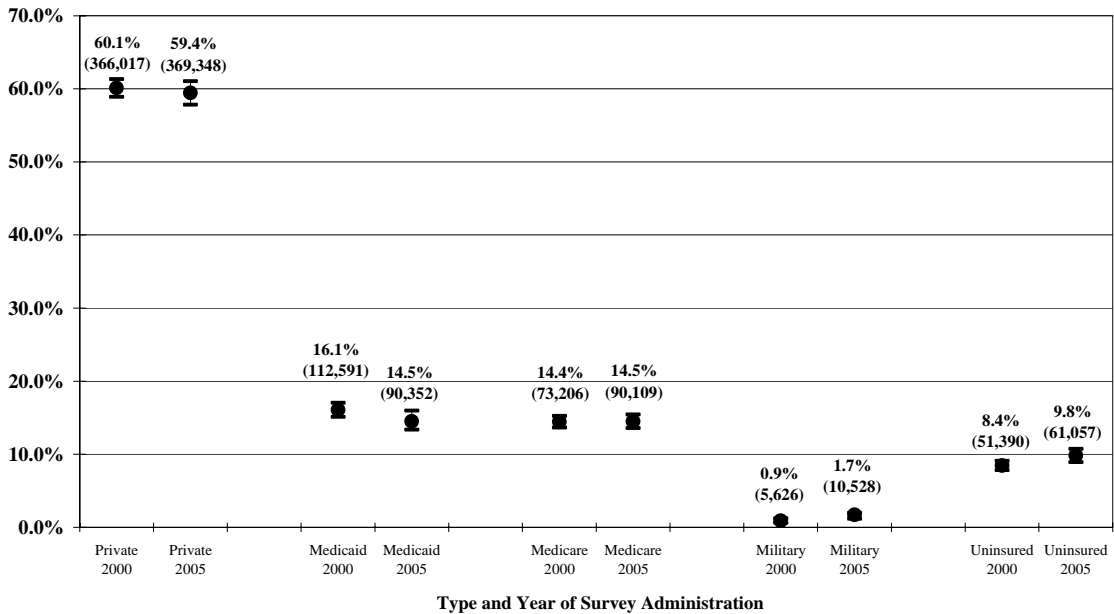
III. Review of Findings

A. Primary Health Insurance Coverage

Key Findings

- The majority (59.4%) of Vermont residents are covered *primarily* by private insurance, this proportion is comparable to the 60.1% primarily covered by private insurance in 2000.
- Between 2000 and 2005, the proportion of Vermont residents covered *primarily* by Medicaid decreased slightly from 16.1% to 14.5%.
- In 2005, 1 out of every 10 (9.8%) Vermont residents were uninsured. Compared to the uninsured rate in the 2000 survey, there has been a slight increase in the proportion of uninsured Vermonters. In 2000, the uninsured rate was 8.4%.
- Medicare covered 14.5% of Vermont residents in 2005. Finally, a very small percentage (1.7%) of Vermont residents reported military insurance as their *primary* type of insurance.

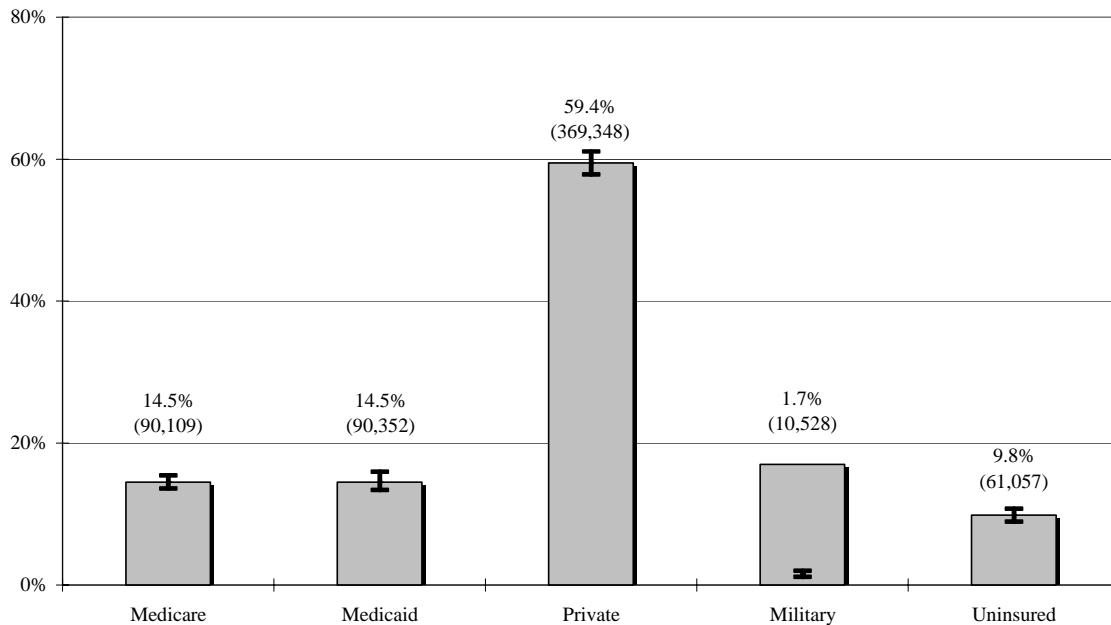
Figure 1
Primary Type of Health Insurance Coverage



Data Source: 2000 Vermont Family Health Insurance Survey, 2005 Vermont Household Health Insurance Survey

In order to assess the relative proportion of Vermont residents who were covered under different types of insurance, *primary* type of insurance coverage was calculated. Since many residents are covered by more than one type of insurance, each respondent's primary type of insurance was determined using a hierarchical analysis. For individuals reporting multiples types of insurance, Medicare took precedence over other types of insurance coverage with the exception that residents over the age of 64 and covered by a private policy through an employer with 25 or more employees was categorized as primarily covered by private insurance. Private insurance took precedence over Medicaid which took precedence over Military insurance. For example, those reporting Medicaid and Private, Private took precedence as the primary type of insurance. Military was assigned as the primary type for persons who did not also report having Medicare, Medicaid, or Private insurance. In later sections of this report dedicated to single types of coverage, the percentages and numbers may not match those reported as the primary type. For example, an individual who reported having both Medicare and Medicaid will be counted under each type in those sections as opposed to being counted only once under Medicare in this section on primary type of insurance.

Figure 2
Primary Type of Health Insurance Coverage



Data Source: 2005 Vermont Household Health Insurance Survey

**Table 1
Medicare Included as Coverage Source**

Age	Medicare Only	Medicare Plus Medicaid	Medicare Plus Private	Medicare Plus Military	Medicare Plus Medicaid Plus Private	Medicare Plus Medicaid Plus Military	Medicare Plus Private Plus Military	Medicare Plus Medicaid Plus Private Plus Military	Total Medicare Enrollees	Total Medicare as Primary Type
0-17	0	165	0	0	0	0	0	0	165	165
18-64	4,052	7,896	1,654	404	272	0	55	0	14,334	14,334
65 & older	49,003	8,339	12,145	7,061	229	297	965	35	78,074	75,610
Grand Total	53,055	16,400	13,799	7,465	501	297	1,020	35	92,573	90,110

Data Source: 2005 Vermont Household Health Insurance Survey

**Table 2
Private Insurance Included as Coverage Source**

Age	Private Only	Private Plus Medicaid	Private Plus Medicare	Private Plus Military	Private Plus Medicare Plus Medicaid	Private Plus Medicaid Plus Military	Private Plus Medicare Plus Military	Private Plus Medicaid Plus Private Plus Military	Total Private Enrollees	Total Private as Primary Type
0-17	73,709	7,484	0	452	0	0	0	0	81,646	81,646
18-64	278,944	2,207	1,654	2,305	272	0	55	0	285,437	283,456
65 & older	1,712	70	12,145	0	229	0	965	35	15,156	4,246
Grand Total	354,365	9,761	13,799	2,757	501	0	1,020	35	382,239	369,348

Data Source: 2005 Vermont Household Health Insurance Survey

**Table 3
Medicaid Included as Coverage Source**

Age	Medicaid Only	Medicaid Plus Medicare	Medicaid Plus Private	Medicaid Plus Military	Medicaid Plus Medicare Plus Private	Medicaid Plus Medicare Plus Military	Medicaid Plus Private Plus Military	Medicaid Plus Medicare Plus Private Plus Military	Total Medicaid Enrollees	Total Medicaid as Primary Type
0-17	49,138	165	7,484	707	0	0	0	0	57,615	49,138
18-64	41,029	7,896	2,207	67	272	0	0	0	51,618	41,029
65 & older	185	8,339	70	0	229	297	0	35	9,155	185
Grand Total	90,352	16,400	9,761	774	501	297	0	35	118,388	90,352

Data Source: 2005 Vermont Household Health Insurance Survey

**Table 4
Military Insurance Included as Coverage Source**

Age	Military Only	Military Plus Medicaid	Military Plus Medicare	Military Plus Private	Military Plus Medicare Plus Medicaid	Military Plus Medicare Plus Private	Military Plus Medicare Plus Private Plus Medicaid	Military Plus Medicare Plus Private Plus Medicaid Plus Private	Total Military Enrollees	Total Military as Primary Type
0-17	2,024	707	0	452	0	0	0	0	3,184	2,731
18-64	7,415	67	404	2,305	0	0	55	0	10,246	7,482
65 & older	315	0	7,061	0	297	0	965	35	8,672	315
Grand Total	9,754	774	7,465	2,757	297	0	1,020	35	22,102	10,528

Data Source: 2005 Vermont Household Health Insurance Survey

B. Private Health Insurance

Key Findings

- In 2005, over half (61.5%) of Vermont residents were covered by private insurance, including those with other insurance sources in addition to private coverage.
- There has been a slight decrease in the percent of Vermont residents covered by private insurance since 2000 from 63.6% to 61.5%.
- For Vermont residents under the age of 65, those between 50 and 64 had the highest percentage (80.1%) covered by private insurance while those aged 18-24 had the lowest percentage (55.5%).
- While 79.1% of residents with family incomes of at least \$58,050 for four persons (300% of federal poverty level or higher) had private insurance, only 35.5% of residents with family incomes under \$38,700 for four persons (under 200% of the federal poverty level) had private insurance.
- Chittenden County has the highest percentage (73%) of residents with private insurance while Orleans and Essex Counties have the lowest percentage (40%) with private insurance.
- The vast majority (91%) of privately insured Vermont residents receive health insurance through employers. Across Vermont Labor Market Areas (LMA) the proportion of residents covered by private insurance varies from a high of 69.9% in the Burlington LMA to a low of 39.7% in the Newport LMA; however, the proportion who receive their private insurance coverage through employers did not vary much across LMA's ranging from 93.8% in the Burlington LMA to 86.1% in the Morristown-Stowe LMA.
- While the majority (70.6%) of working Vermont residents reported that health insurance is offered through employers, the offer rate varied by the size of the firm. While only 38% of those employed by firms with fewer than 25 employees said insurance is offered through their employer, the vast majority (91.6%) of those employed by firms with more than 25 employees said insurance is offered through their employer.
- The percent of privately insured concerned about losing coverage within the next 12 months has decreased from 11.4% in 2000 to 9.0% in 2005. The reasons for this concern are similar across years with job loss and the increasing expense of private insurance the major reasons for this concern about loss of coverage.

- About one in five (18.1%) privately insured individuals in the 2005 survey reported having problems paying for medical bills for someone in their family. In general, financial barriers to health care have decreased since the 2000 administration. In 2005, the proportion of privately insured residents who have forgone medical care due to cost was 1.7% and the proportion of those who have forgone needed prescription medicines was 1.4%. However, from 2000 to 2005, the proportion of privately insured persons who have been contacted by a collection agency about medical bills has increased from 5.9% to 11.4%.
- The majority (90.4%) of privately insured Vermont residents say their plan does cover some or all of the cost of prescriptions and this is unchanged from 2000 at which time it was 89.5%.
- Blue Cross and Blue Shield of Vermont is the dominant carrier covering about 40% (138,000) of the privately insured. Self-insured employer plans wherein employers accept the risk for payment of medical claims instead of insurance companies, cover almost another 40% of the privately insured in Vermont.

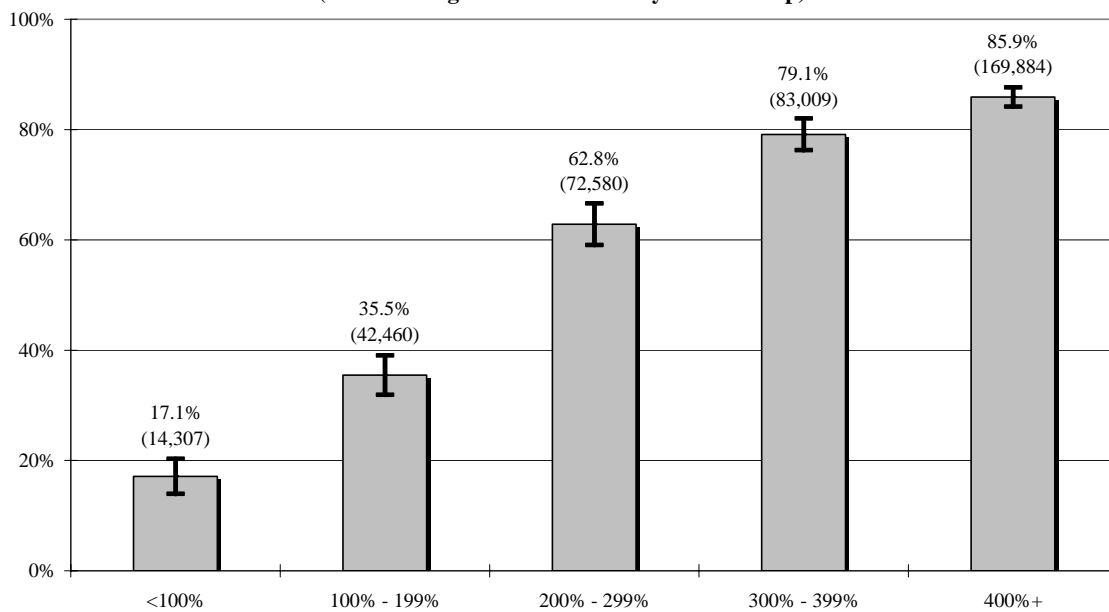
Figure 3
Percent of Vermont Residents who are Covered by Private Health Insurance



Data Source: 2000 Vermont Family Health Insurance Survey, 2005 Vermont Household Health Insurance Survey

There is a clear correlation between private health insurance coverage and family income. The households with the highest incomes had the highest rates of private coverage. Among those whose family incomes are more than 400% of the Federal Poverty Level (\$77,400 or more for a family of four), 85.9% are privately insured. In contrast, about a third (35.5%) of those whose family incomes are between 100% and 199% of the Federal Poverty Level (\$19,350 to \$38,700 for a family of four) are privately insured. Only 17.1% of those households with incomes less than 100% of the Federal Poverty Level (less than \$19,350 for a family of four) have private coverage.

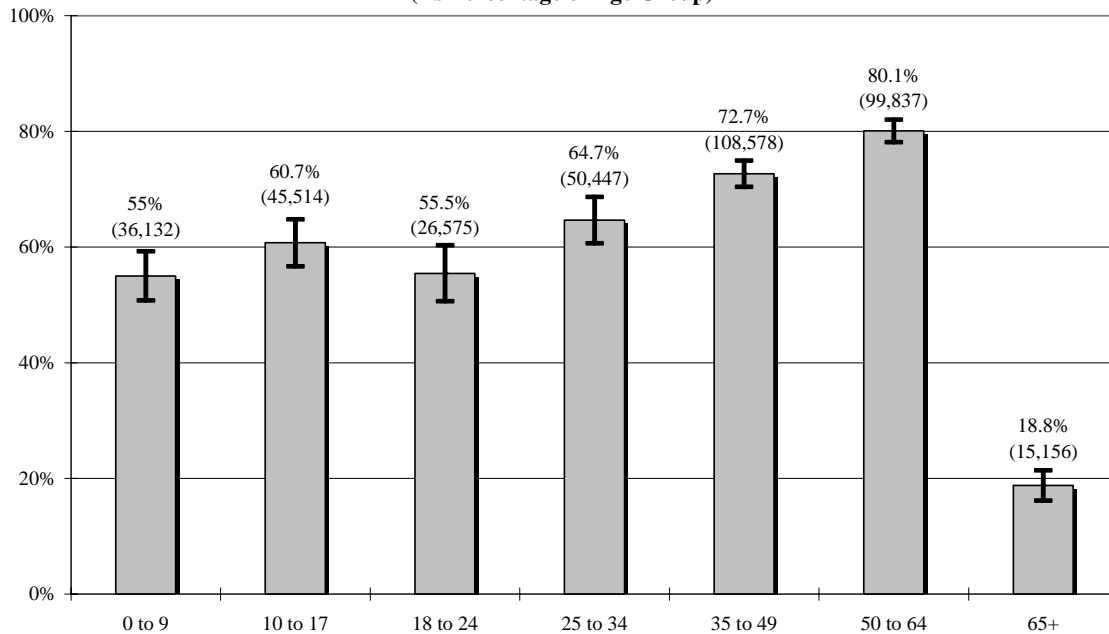
Figure 4
Percent with Private Insurance Coverage by Family Income
(As Percentage of Federal Poverty Level Group)



Data Source: 2005 Vermont Household Health Insurance Survey

For the population under the age of 65, those aged 50 to 64 had the highest rate of private coverage (80.1%). The coverage profiles of the two age groups with the lowest rates of private insurance- 0-9 and 18-24 years old- were starkly different. Nearly half of Vermont children under age 10 were enrolled in Medicaid and 3.8% were uninsured. In contrast, 24.7% of adults ages 18 to 24 were uninsured.

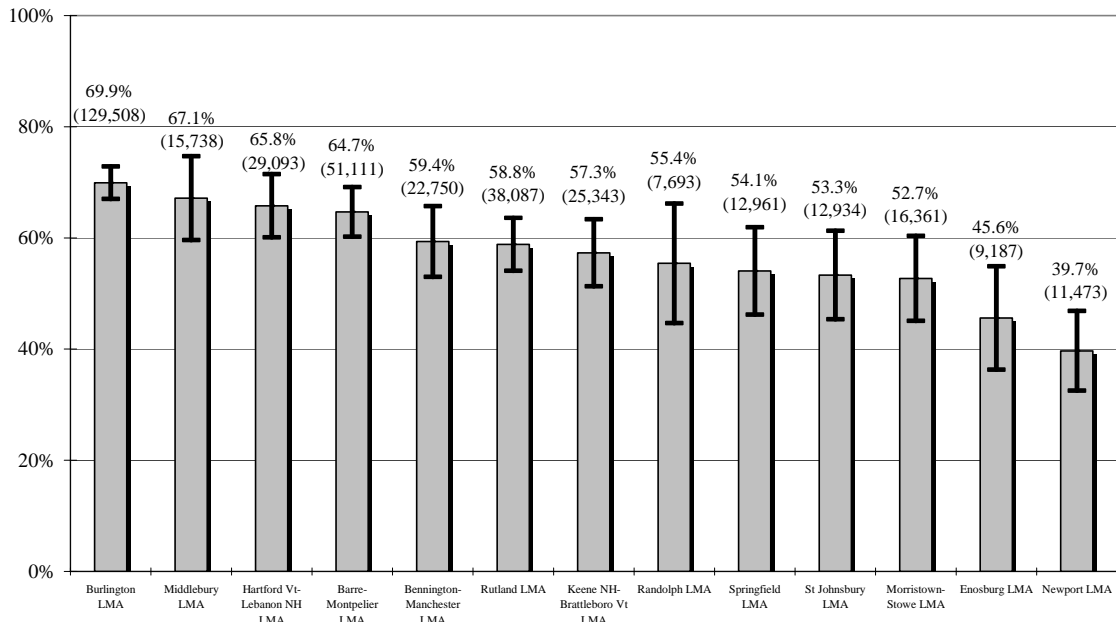
Figure 5
Percent with Private Insurance Coverage by Age
(As Percentage of Age Group)



Data Source: 2005 Vermont Household Health Insurance Survey

The vast majority (90.9%) of privately insured Vermont residents receive health insurance through employers. Access to private health insurance is highly correlated with employment, types of jobs, and wages available in local areas. Across Vermont Labor Market Areas (LMA), the rate of privately insured residents varied significantly from a high of 69.9% in the Burlington LMA to a low of 39.7% in the Newport LMA. However, there was very little difference between LMA's in the rate of privately insured Vermont residents who receive their private insurance through an employer, ranging from a high of 93.8% of residents in the Burlington LMA who receive private insurance through their current employer to a low of 86.1% of residents who receive private insurance through their employer in the Morristown-Stowe LMA.

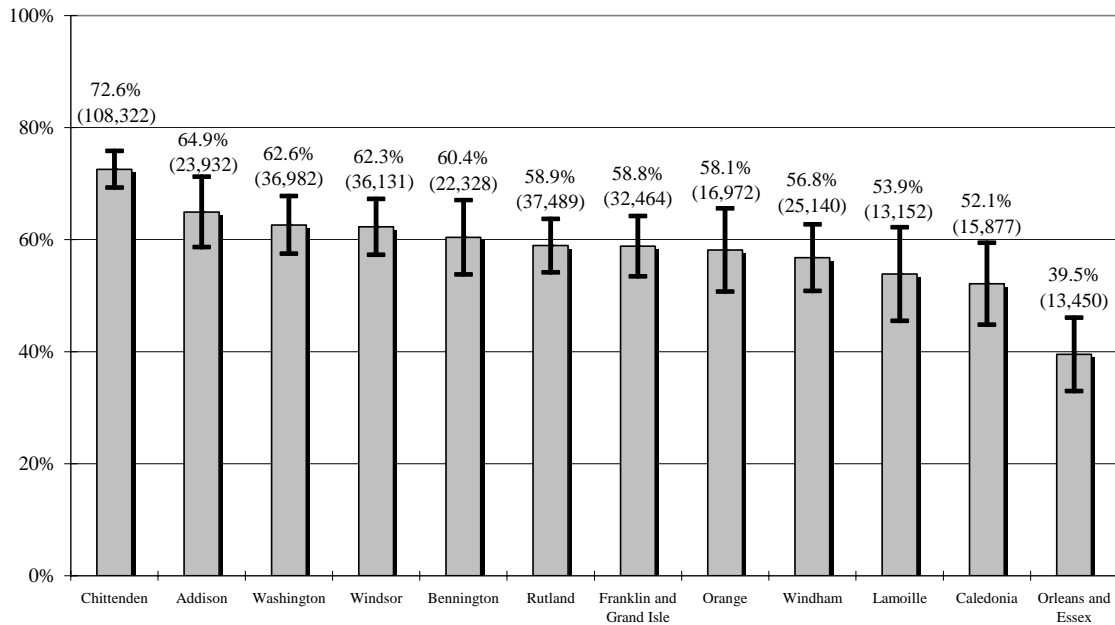
Figure 6
Percent with Private Insurance Coverage by Labor Market Area



Data Source: 2005 Vermont Household Health Insurance Survey

From a county perspective, the highest rate of private insurance coverage was 72.6% for residents of Chittenden County. The lowest rates for private coverage were concentrated in the Northeast Kingdom area with Orleans/Essex Counties at 39.5% and Caledonia County at 52.1%. According to the report on Per Capita Personal Income, Vermont MSA & Counties 1970 - 2003 (<http://www.vtlni.info/pciarea.htm>) published by the Vermont Department of Labor in September 2005, in 2003 Chittenden County was ranked first out of 14 counties in per capita personal income while Caledonia was 12, Orleans was 13, and Essex was ranked last at 14.

Figure 7
Percent with Private Insurance Coverage by County

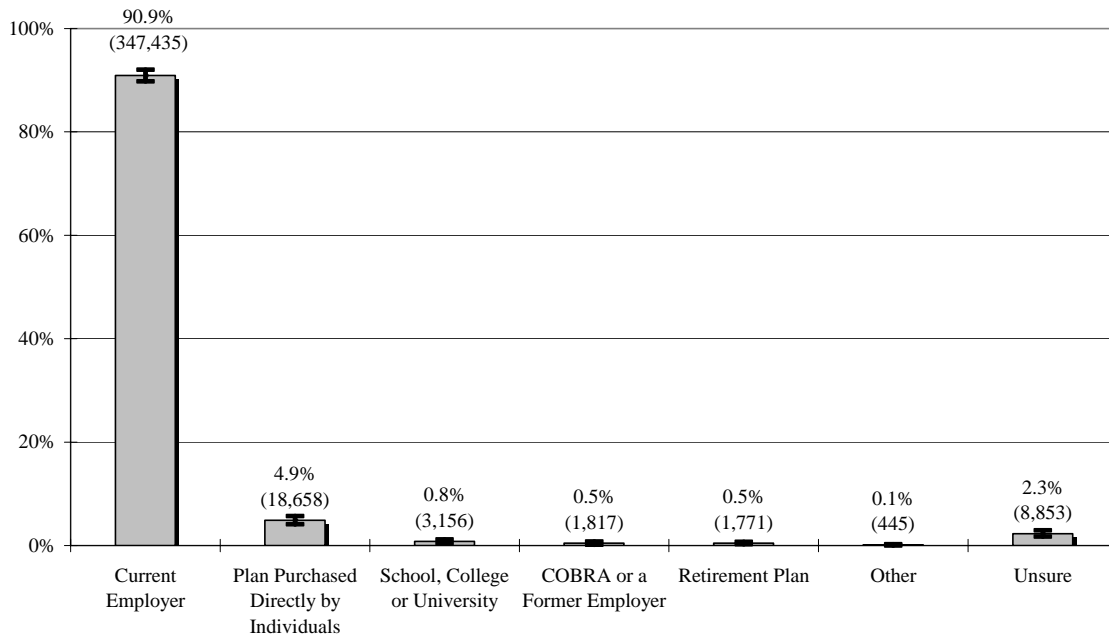


Data Source: 2005 Vermont Household Health Insurance Survey

Nearly 71 percent (240,369) of 340,255 employed Vermont residents including 56,185 who are self-employed reported that their current employers offered private health insurance in 2005. Among the working population who are not self-employed, 79.6% or 226,074 individuals reported that their current employers offered private health insurance. According to the 2005 Fringe Benefit Survey conducted by the Vermont Department of Labor, 58 percent of private sector employers offered coverage ranging from 51 percent for firms with less than 10 employees to almost 100 percent for firms with more than 50 employees. Out of the 240,369 employed Vermont residents who were offered private insurance by their employer, 205,143 or 85.3% took up this offer. Persons may not enroll in insurance offered by employers due to a variety of factors including not working enough hours per week, not having worked for an employer long enough to be eligible for health insurance, the out-of-pocket cost of the insurance and/or having taken up insurance through a spouse or partner. In 2005, about 13,000 employed adults who were uninsured worked for employers offering health insurance.

Out of about 380,000 Vermont residents with private health insurance in this survey, 91 percent including employed adults and dependents obtained health insurance coverage through a current employer. Only 4.9% of those with private insurance purchase their coverage directly in the individual or non-group market.

Figure 8
Sources of Private Health Insurance



Data Source: 2005 Vermont Household Health Insurance Survey

The percent of privately insured concerned about losing coverage within the next 12 months has decreased from 11.4% in 2000 to 9.0% in 2005. The reasons for this concern are similar across survey years with job loss and the increasing expense of private insurance the major reasons for this concern about a potential loss of coverage.

Eighteen percent (18.1%) of privately insured individuals in the 2005 survey reported having problems paying medical bills for someone in their family. Compared to 2000, respondents to the 2005 survey reported that financial barriers to health care have decreased with the proportion who have forgone medical care decreasing from 5.2% to 1.7% and the proportion who have forgone needed prescription medicines decreasing from 3.3% to 1.4%. However, the proportion who has been contacted by a collection agency about medical bills has increased from 5.9% to 11.4% (43,604).

The majority of privately insured Vermonters reported that their health insurance plan covers some portion of the cost of prescription drugs. Specifically, 90.4% reported that their plan covers prescriptions and 4.9% reported no coverage for prescription drugs.

Private Insurance Market²:

The Vermont Department of Banking, Insurance, Securities and Health Care Administration (BISHCA) monitors the health insurance coverage status of Vermont residents and tracks annual enrollment in the privately insured market by insurer and market segment. For a detailed description as last updated for 2004, go the following link on the BISHCA website:

http://www.bishca.state.vt.us/HcaDiv/Data_Reports/healthinsurmarket/FAQs_healthinsurancemarket.pdf

While the majority (97%) of 360,000 privately insured Vermont residents are covered under group plans generally related to employment, 3% of privately insured individuals are enrolled in individual or non-group insurance plans. Individuals in the non-group market purchase insurance directly through a broker or insurance agent and pay the full cost of the premium. In contrast, many in the group market share the cost of the insurance premium with employers. Within the group market with almost 350,000 Vermonters, 61% are enrolled in insured plans wherein the insurer assumes the risk for paying claims and 39% are enrolled in self-insured employer plans wherein employers assume the risk for paying medical claims.

In the insured market of 223,000 lives enrolled in group and non-group plans, Blue Cross Blue Shield of Vermont is the largest insurance carrier with 58% of the covered lives followed by MVP Health Plan (15%), CIGNA (14%), and the Vermont Health Plan (10%).

² Data Source: Vermont Department of Banking, Insurance, Securities and Health Care Administration 2004 Annual Statement Reports
http://www.bishca.state.vt.us/HcaDiv/Data_Reports/healthinsurmarket/FAQs_healthinsurancemarket.pdf
http://www.bishca.state.vt.us/HcaDiv/Data_Reports/healthinsurmarket/profile_1997to2004.pdf
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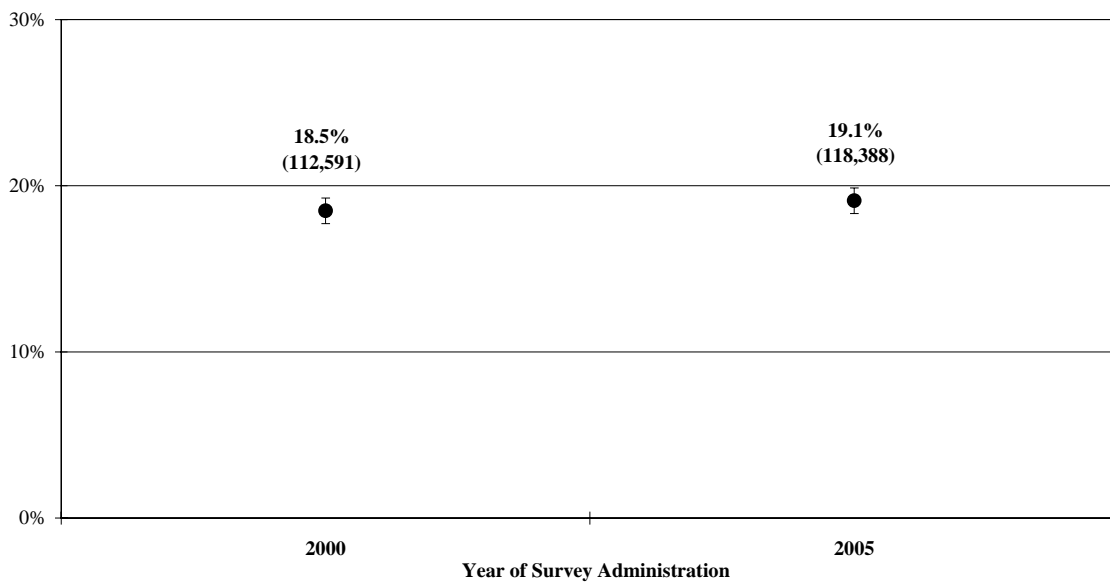
C. Medicaid Coverage

Key Findings

- About 19% of Vermont residents have health insurance provided by the state through Medicaid programs including Dr. Dynasaur, VHAP, Primary Care Plus, and traditional Medicaid. This includes about 16,000 persons who are also covered by the federal Medicare program and others who also have private coverage in addition to Medicaid.
- About 15% or 90,000 of Vermont residents have health insurance provided exclusively by the state Medicaid program without any other source of health insurance.
- The percentage of Vermont residents with health insurance coverage through Medicaid, Dr. Dynasaur, or VHAP has increased less than 1% to a total percentage of 19.1% since 2000.
- Nearly half (46.6%) of children under age 10 have health insurance coverage through the state Medicaid program. The uninsured rate for this age group is 3.8%.
- About 19% of adults ages 18 to 34 obtain health insurance coverage through Medicaid or VHAP.
- Over half (54.7%) of Vermont residents with family incomes less than 100% of the Federal Poverty Level have health insurance coverage through the Medicaid program. Medicaid also covers about 37% of Vermonters with family incomes between 100% and 199% of the Federal Poverty Level.
- Eight percent or 26,442 of working adults have health insurance coverage through Medicaid or VHAP.
- Residents living in Orleans and Essex Counties are most likely to have health insurance coverage through the Medicaid program. Residents of Chittenden County are the least likely to have Medicaid coverage.
- Most Vermont residents with Medicaid coverage indicated that they could probably not get private health insurance.

Currently, about 1 out of every 5 Vermont residents (19.1%) are covered through the state Medicaid program compared to 18.5% in 2000. Out of 118,000 total Medicaid enrollees, 90,000 rely solely on the program for coverage while another 16,000 with chronic and disabling conditions are covered by both Medicaid and Medicare. About 7,500 children were reported to have private insurance in addition to Medicaid. Among Vermont residents with Medicaid coverage, 66% indicated that they probably or definitely could not get private health insurance.

Figure 9
Percent of Vermont Residents Who are Covered by the State Medicaid Program for Comprehensive Medical Benefits



Data Source: 2000 Vermont Family Health Insurance Survey, 2005 Vermont Household Health Insurance Survey

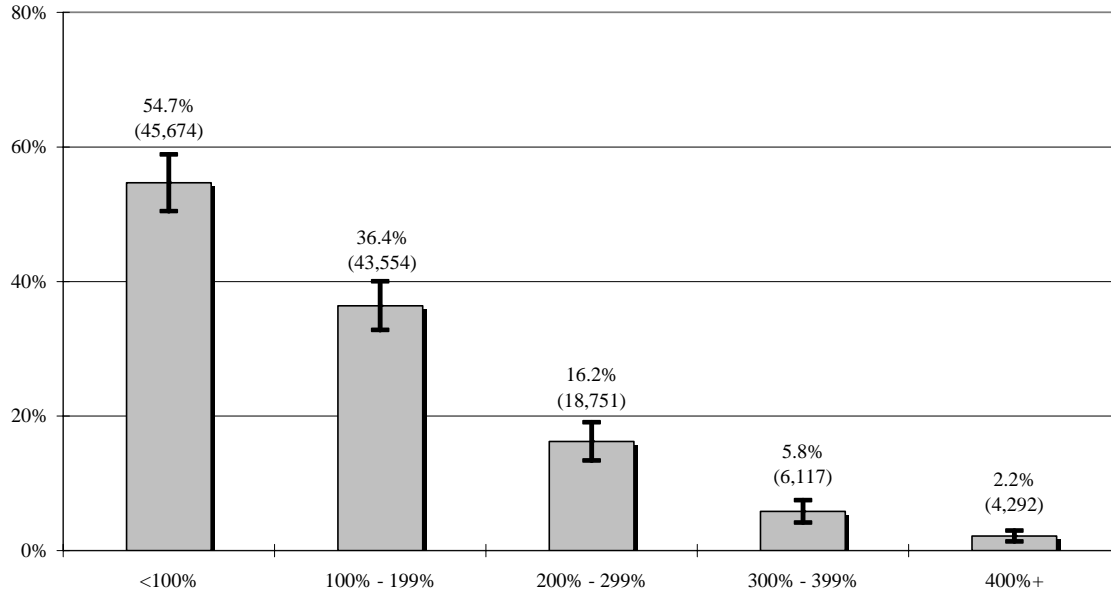
Table 5
Total Enrollment in Medicaid for Comprehensive Medical Benefits, Vermont 2005

Enrollee Subgroups	Medicaid Only	Medicaid Plus Medicare	Medicaid Plus Private	Medicaid Plus Military	Medicaid Plus Medicare Plus Private	Medicaid Plus Medicare Plus Military	Medicaid Plus Medicare Plus Private Plus Military	Total Medicaid Enrollees	Total Medicaid as Primary Insurance*
Working Adults 18+	23,016	1,573	1,348	67	187	70	35	26,442	23,016
Non-working Adults 18+	17,751	14,603	778	0	314	226	0	33,673	17,751
Dependents <18	49,138	165	7,484	707	0	0	0	57,615	49,138
Dependents 18-23	447	59	151	0	0	0	0	657	447
Grand Total	90,352	16,400	9,761	774	501	296	35	118,387	90,352

* Primary type of health insurance coverage classifies residents with more than one type of insurance into a single category based upon the following hierarchy: Medicare, Private Insurance, Medicaid, Military, and Uninsured with the exception that those who are 65 or older and covered by a private policy through an employer with 25 or more employees were classified as primarily covered by private insurance. In 2005, 16,400 residents were dually covered by both Medicare and Medicaid. The primary type of health insurance for these dually covered residents is Medicare.

Over half (54.7%) of Vermont residents whose reported annual family income is less than 100% of the Federal Poverty Level (FPL) (or \$19,350 annually for a family of four) report health insurance coverage through the state Medicaid program. The percentage is 36.4% among those who have a family income between 100% and 199% of the FPL (\$19,350 to \$38,700 annually for a family of four).

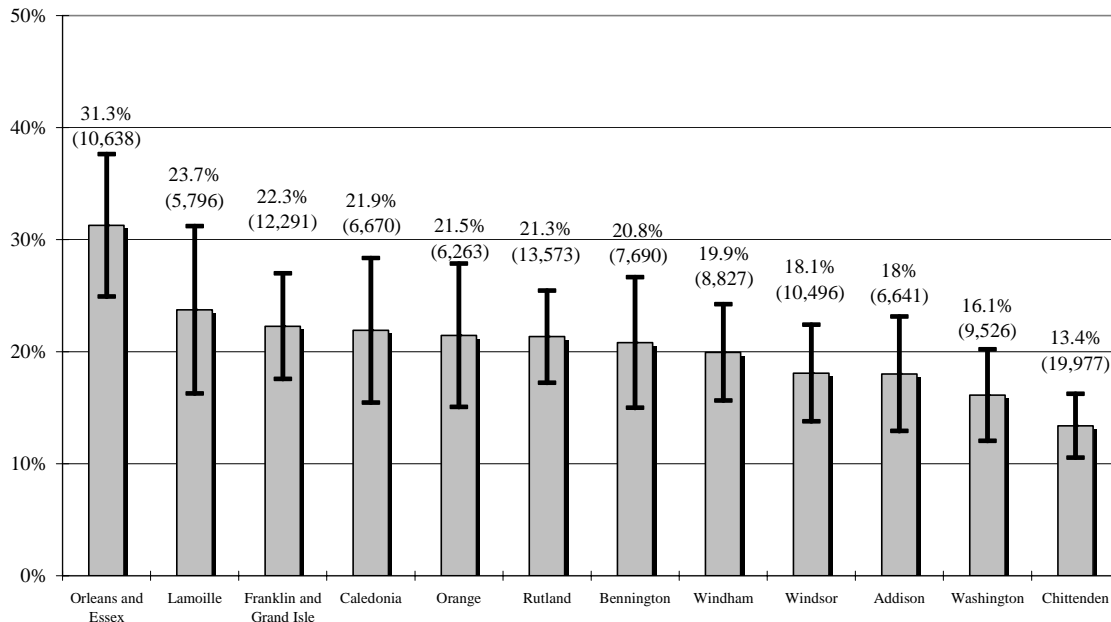
Figure 10
Percent Covered Under the State Medicaid Program by Family Income
(As Percentage of Federal Poverty Level Group)



Data Source: 2005 Vermont Household Health Insurance Survey

By county, the largest percentage or 33.1% of residents with health insurance coverage through state Medicaid programs reside in Orleans and Essex Counties. The counties with the lowest percentages of residents enrolled in state Medicaid programs include Chittenden (13.4%), Washington (16.1%), and Addison (18.0%). The geographic concentration for Medicaid enrollment has a positive correlation with economic factors and households incomes. According to the report on Per Capita Personal Income, Vermont MSA & Counties 1970 - 2003 (<http://www.vtlni.info/pciarea.htm>) published by the Vermont Department of Labor in September 2005, Chittenden County was ranked first out of 14 counties in per capita personal income while Orleans was 13 and Essex counties were ranked last at 14.

Figure 11
Percent Covered Under the State Medicaid Program by County

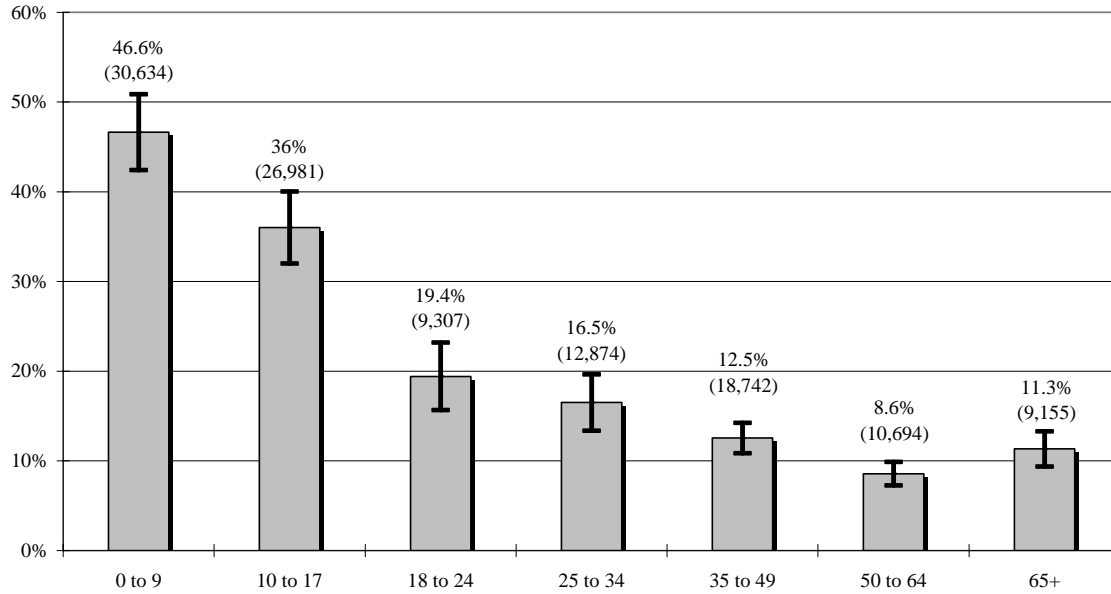


Data Source: 2005 Vermont Household Health Insurance Survey

Through the Dr. Dynasaur program for children, Vermont has a relatively high eligibility threshold for children in households with incomes up to 300% of the FPL (up to \$38,700 for a family of two or \$58,050 for a family of four). About 2 out of every 5 (41%) children under the age of 18 are enrolled in the state Medicaid program for health insurance coverage. Among children under 10 years of age, 46.6% are enrolled in Medicaid while 36% of those aged 10 to 17 are enrolled. Out of about 58,000 children less than 18 years old enrolled in Medicaid, about 50,000 of enrolled children rely exclusively on Medicaid for health coverage.

Among adults, 19.4% of those aged 18 to 24 have coverage through Medicaid in contrast to 8.6% of those aged 50 to 64. About twenty-five percent or 23,000 of the 90,000 Vermont residents who reported that Medicaid was their sole source of coverage were employed adults in 2005.

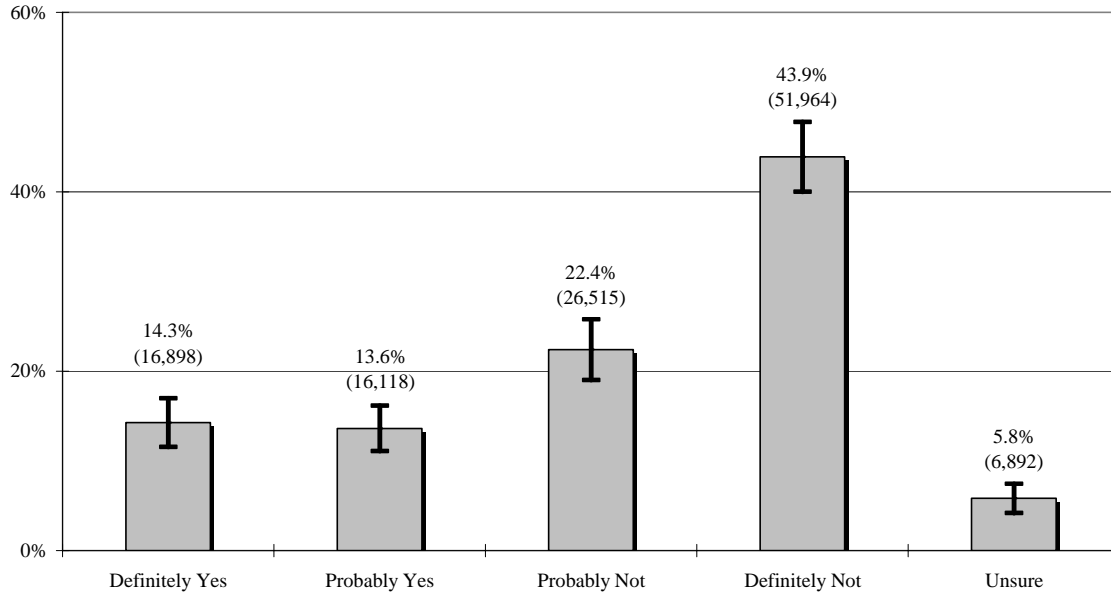
Figure 12
Percent Covered Under the State Medicaid Program by Age Group
(As Percentage of Age Group)



Data Source: 2005 Vermont Household Health Insurance Survey

Families with one or more residents enrolled in the state Medicaid program for health insurance were asked about their ability to acquire private health insurance. Among these families, 43.9% indicated that they would **definitely not** be able to get private health insurance if the Medicaid program were no longer available. Another 22.4% indicate they probably could not get private health insurance if the Medicaid program were no longer available. 14.3% of respondents indicated that they **definitely could** get private health insurance and another 13.6% indicated that they probably could get private health insurance if the Medicaid program were no longer available.

Figure 13
If the Medicaid Program was No Longer Available,
Would Person be able to get Private Health Insurance?



Data Source: 2005 Vermont Household Health Insurance Survey

Physicians and health care providers, along with Vermont residents already enrolled in Medicaid programs, are the primary sources of information about Medicaid coverage for children.

Table 6
How Did the Family Find Out about the Medicaid Program for Children?
(Asked of families with one or more children enrolled in Medicaid or Dr. Dynasaur)

Response	%
Doctor, hospital, health care provider	28.3%
Other people with children in the program	23.8%
Welfare-WIC-Unemployment office	9.8%
School	7.0%
Through state/someone in state office	6.3%
Through other person (Friend/Family/Insurance agent)	4.3%
Brochure	2.8%
Through foster care/adoption	2.5%
Just knew about it/standard in VT	2.2%
Employer	2.0%
TV/Radio advertisement	1.6%
Newspaper	1.5%
Parent/Guardian had it as a child	1.2%
Internet/own research	0.9%
Word of mouth	0.5%
Other	0.4%
No particular way	0.3%
Unsure	10.8%

Data Source: 2005 Vermont Household Health Insurance Survey

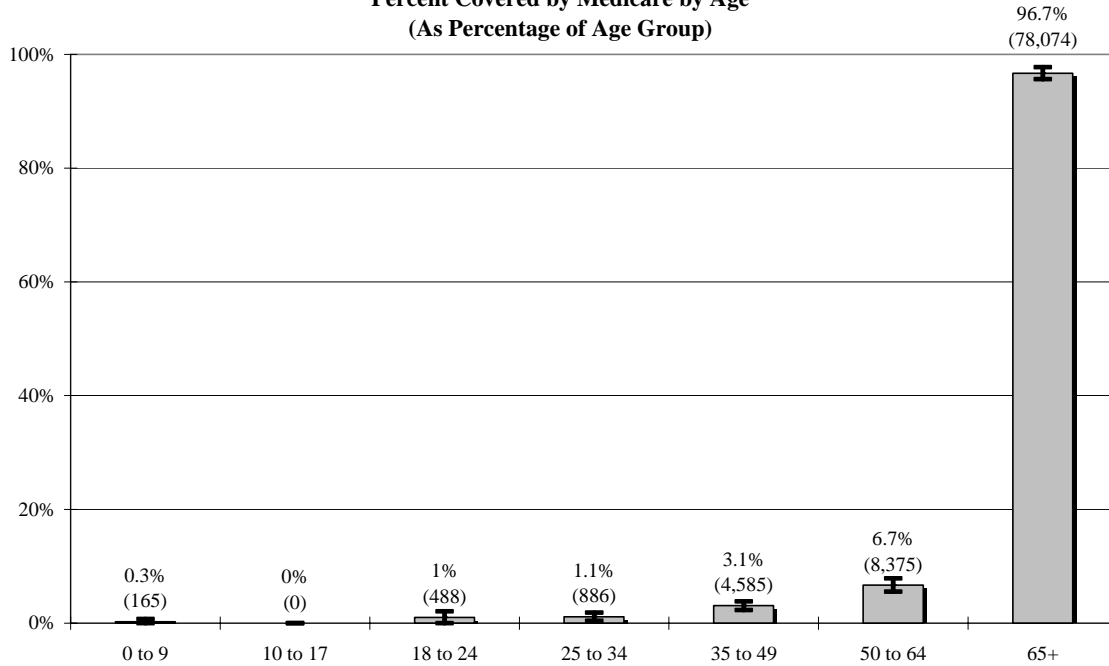
D. Medicare Coverage

Key Findings

- About fifteen percent or 90,000 of Vermont residents are covered primarily by the federal Medicare program. This rate is similar to that found in 2000.
- The vast majority (97%) of Vermont residents over the age of 64 are covered by Medicare.
- Out of the 93,000 Vermont Medicare beneficiaries, about 16,000 are categorized as dually eligible and are also covered by the state Medicaid program. Many of these residents have chronic and disabling conditions.
- The counties with the greatest proportion of residents covered by Medicare are Bennington (19%) and Rutland (18%) while the lowest are Chittenden, Franklin and Grand Isle (12%).
- Almost 65% of Vermont residents covered by Medicare are in households with incomes below 300% of the Federal Poverty Level (\$38,700 for a family of two).
- In 2005, insurers reported that 37,000 Vermont residents were enrolled in Medicare Supplement or Medigap plans representing 40% of total Medicare enrollees.
- Of those 37,000 Vermont residents with Medicare Supplement plans, 48% were covered through United Health Care (AARP) and another 24% through Blue Cross Blue Shield of Vermont.
- Almost half (48%) of respondents who are 65 or older say they are somewhat or very familiar with the new Medicare prescription drug benefit.
- Of those who are familiar with the new Medicare drug benefit, 42% say they understand the benefit somewhat or very well.
- Of those who are not planning to enroll, 42% said the reason for their decision is that they already have a plan while another 28% simply say they are not interested.

Medicare is the primary source of health insurance for 14.5% or 90,110 of Vermonters including those dually eligible for both Medicare and Medicaid. This percentage has not changed since 2000. Since age is the major determinant of Medicare eligibility, Medicare covered 96.7% of Vermont residents aged 65 and older. In 2005, 13% of Vermont residents were aged 65 and older. Within the next highest group aged 50 to 64 years old, Medicare covered only 6.7% Vermonters.

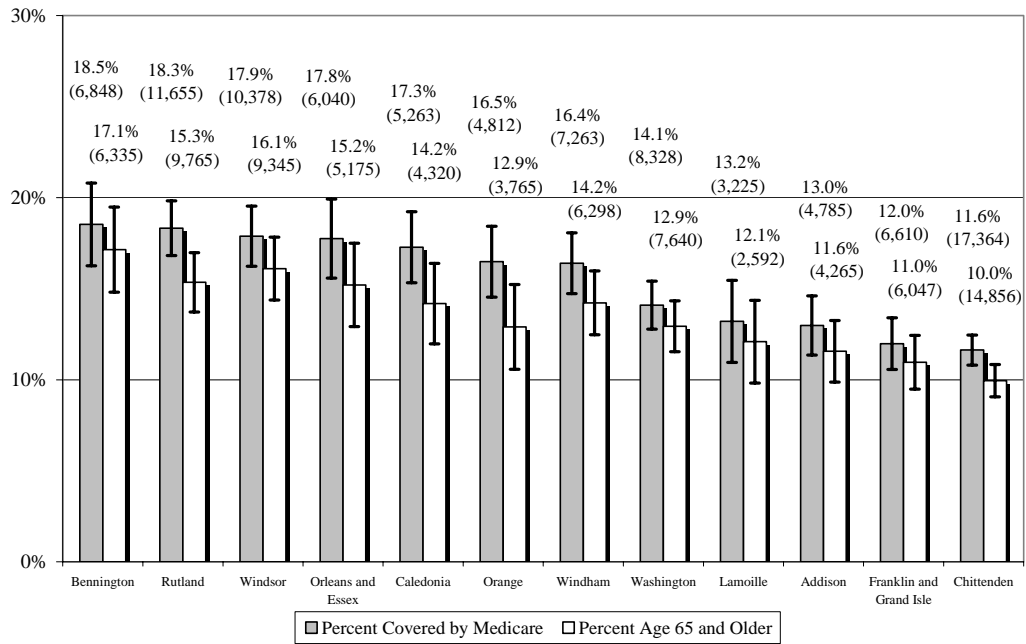
Figure 14
Percent Covered by Medicare by Age
(As Percentage of Age Group)



Data Source: 2005 Vermont Household Health Insurance Survey

As expected, there is a positive correlation between age distribution and Medicare enrollment within each county. Medicare penetration is highest in the counties with the highest percentage of residents aged 65 and older such as Bennington, Windsor, and Rutland and lowest in the counties with younger residents such as Chittenden, Franklin, and Grand Isle.

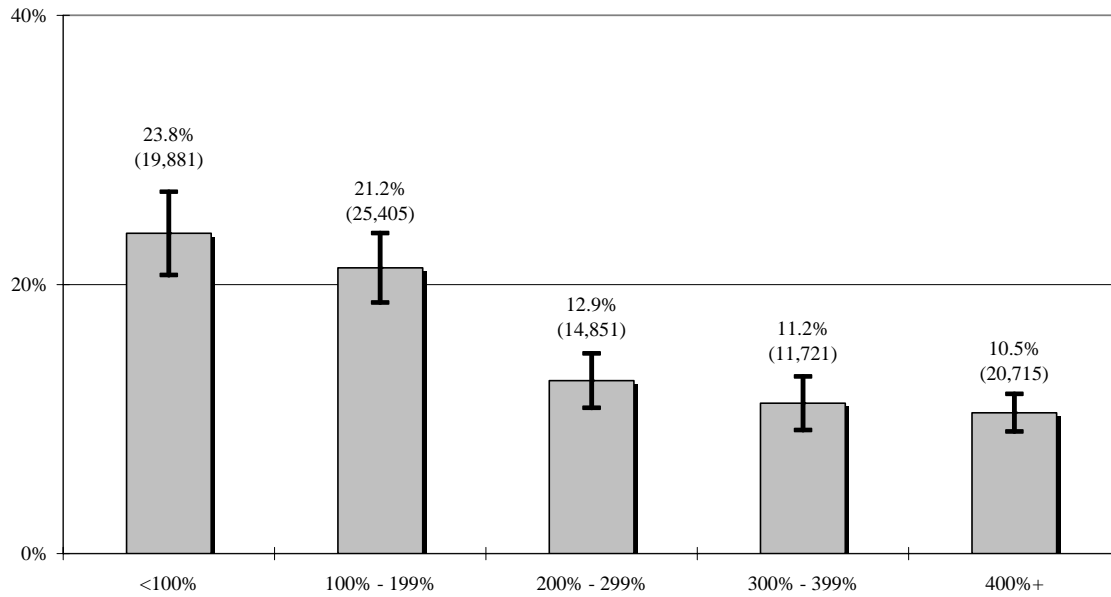
Figure 15
Percent Covered by Medicare and Percent Age 65 or Older by County



Data Source: 2005 Vermont Household Health Insurance Survey

The largest percentage of residents covered by Medicare occurs among lower income households. Aging, retirement from paid employment, and higher incidence of chronic and disabling conditions are explanatory factors. Only 5.3% of adults who are working for pay have Medicare coverage. Medicare covers 24% of those with family incomes less than 100% of the Federal Poverty Level (FPL) (less than \$12,830 for a family of two) and 21% of those between 100 and 199% FPL (Between \$12,830 and to \$25,660 for a family of two). Medicare covered only about 1 out of every 10 Vermont residents with family incomes above 300% FPL.

Figure 16
Percent Covered Under the Medicare Program by Family Income
(As Percentage of Federal Poverty Level Group)



Data Source: 2005 Vermont Household Health Insurance Survey

Table 7
Percent Reporting They or a Family Member Experienced Financial Barrier to Health Care

	% Covered by...*	
	Medicare Only	Medicare & Medicaid
Needed care from a Dr. but could not afford it	1.6%	3.2%
Needed mental health care or counseling but could not afford it	0.9%	1.8%
Needed dental care but could not afford it	6.4%	17.6 %
Needed a diagnostic test but could not afford it	1.3%	1.4%
Needed prescription medicines but could not afford it	3.9%	6.1%
Took smaller doses of a prescription to make it last longer	7.4%	13.8%
Had problems paying for medical bills	11.6%	23.5%
Contacted by a collection agency about unpaid medical bills	6.6%	14.3%
Changed life significantly in order to pay medical bills	7.1%	8.6%

Data Source: 2005 Vermont Household Health Insurance Survey

**Total Medicare Only includes 53,056; Total Medicare & Medicaid includes 16,401*

Medicare Supplement

Medicare Supplement insurance, also called Medigap insurance, is health insurance sold by private insurance companies to fill gaps in coverage found under the federal Medicare program. Medicare Supplement insurance is designed to cover some health care expenses that the national Medicare plan does not cover, or pays part of the cost of covered services that are not completely reimbursed under Medicare.

In 2005, 37,000 Vermont residents were enrolled in Medicare Supplement plans which represents 40% of the total 93,000 Medicare enrollees. Almost half of those with Medicare Supplement plans (48.4%) were covered through United Healthcare Insurance Company (AARP) and another 24% through Blue Cross Blue Shield of Vermont.

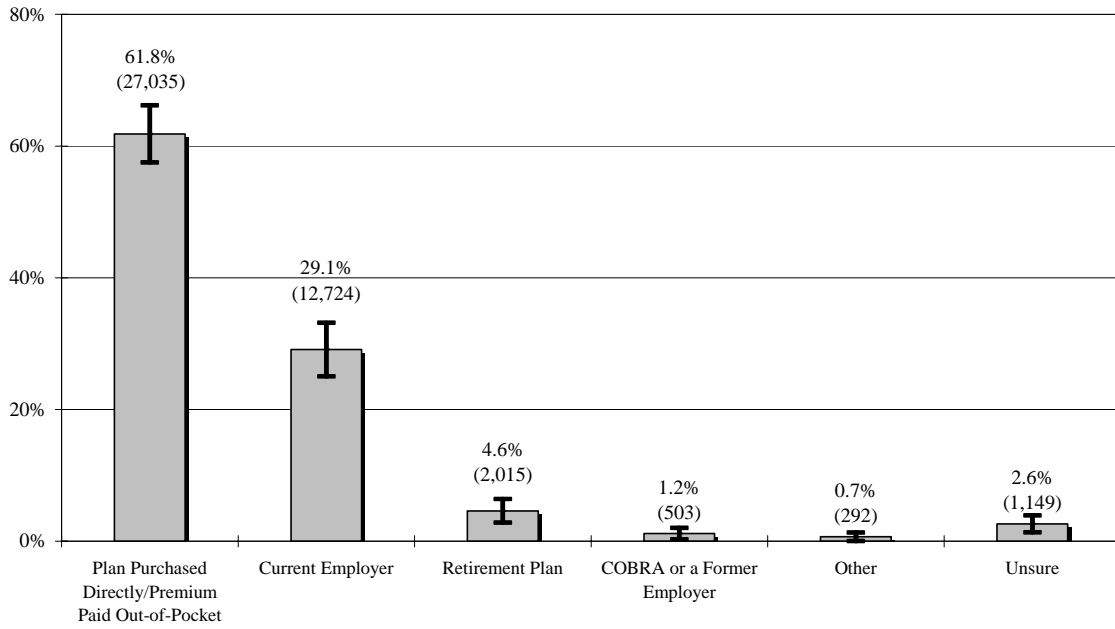
Table 8
Medicare Supplement Insurance, Vermont 2005

Carrier	Covered Lives	Premium Earned	% of Total Lives	Cumulative % of Lives
United Healthcare Ins Co	17,810	\$25,148,125	48.4%	48.4%
Blue Cross & Blue Shield of Vermont	8,726	\$14,162,677	23.7%	72.1%
Bankers Life & Casualty Co	3,903	\$4,820,990	10.6%	82.7%
American Progressive Life & Health Ins Co of NY	2,892	\$3,697,830	7.9%	90.6%
Combined Ins Co of America	1,329	\$1,912,721	3.6%	94.2%
All other carriers	2,133	\$2,628,109	5.8%	100.0%
Total	36,793	\$2,628,109		

Data Source: 2005 Annual Statement Supplemental Report of the VT Dept. Banking, Insurance, Securities, and Health Care Administration

The majority of Vermont residents with a Medicare Supplement (61.8%) purchased their plan directly and paid the entire premium out of pocket. Another 29.1% reported receiving their Medicare Supplement plan through a current employer and another 4.6% through a retirement plan.

Figure 17
Source of Medicare Supplement



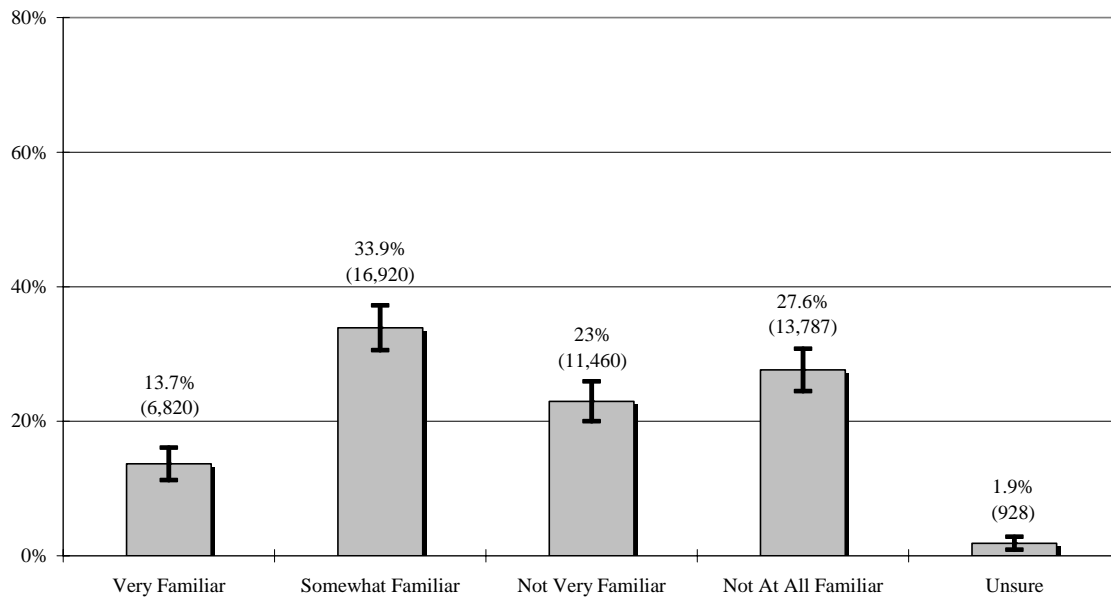
Data Source: 2005 Vermont Household Health Insurance Survey

Medicare Part D

On January 1, 2006, the national Medicare program started offering coverage for prescription drugs through private companies for all enrollees in Part A and/or Part B of Medicare and for those dually enrolled in both Medicare and Medicaid and those covered under State pharmacy programs. The deadline for enrollment was May 15, 2006.

During the 2005 survey fielded from November 2005 through February 2006, households with family members enrolled in Medicare were questioned about their familiarity with Medicare Part D and whether they intended to enroll in the program. During the survey, almost 30% reported that they were not at all familiar with the new Medicare prescription drug benefit.

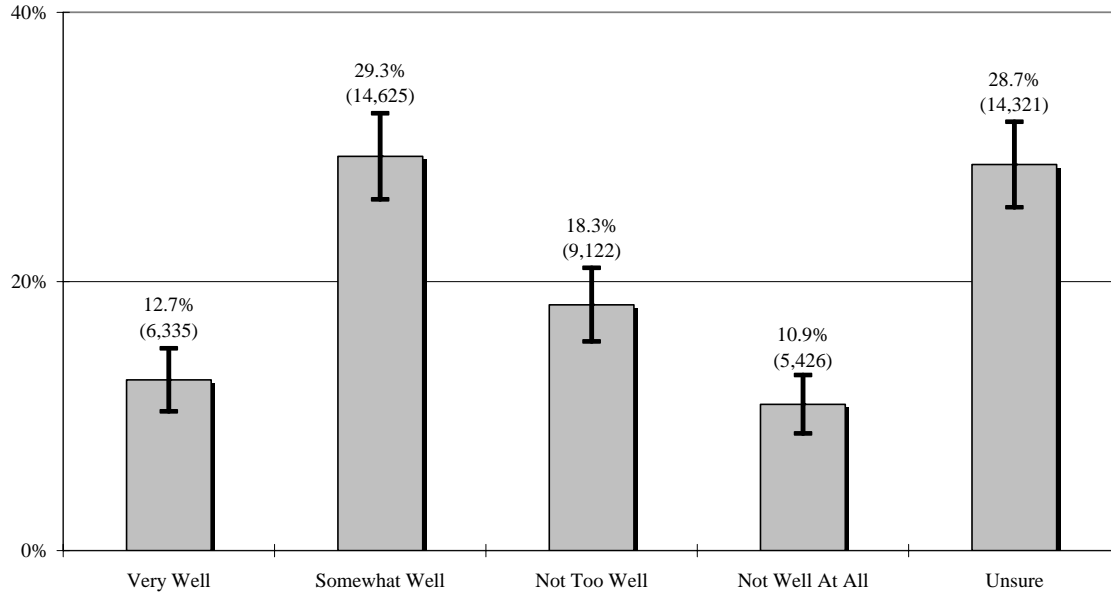
Figure 18
How Familiar is Resident with the New Medicare Prescription Drug Benefit?
(Ask of Respondents 65 and Older)



Data Source: 2005 Vermont Household Health Insurance Survey

Of those who are either very or somewhat familiar with the new Medicare drug benefit, 42% say they understand the benefit somewhat or very well. Over half (58%) say they do not understand the plan well or are unsure whether they understand the plan.

Figure 19
How Well Does Resident Understand this New Benefit?
(Ask of Respondents 65 and Older)

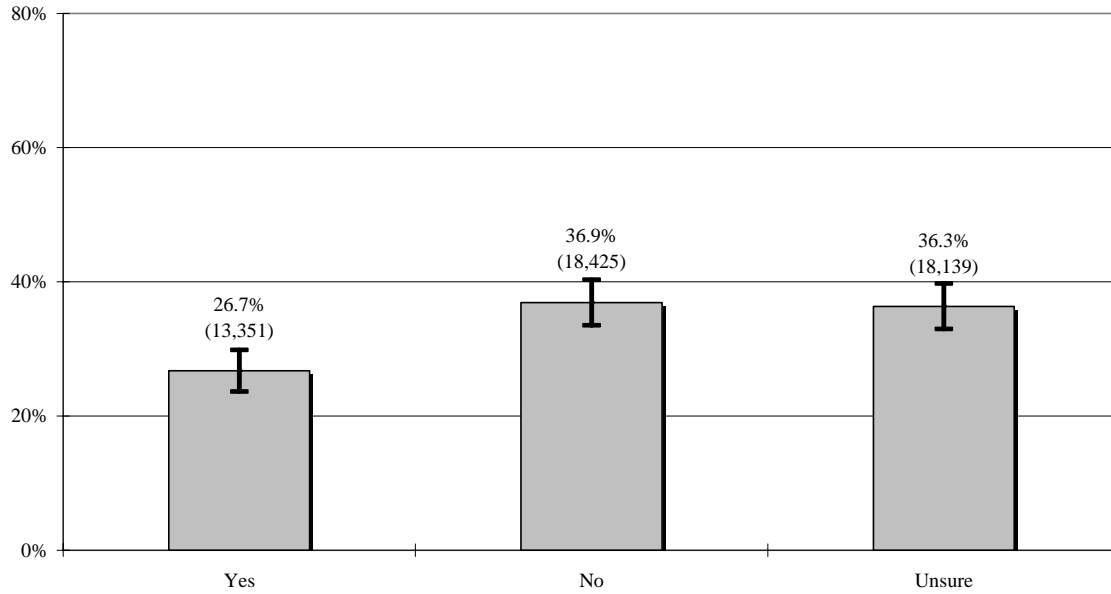


Data Source: 2005 Vermont Household Health Insurance Survey

A little over a quarter (26.7%) of those who are familiar with the new Medicare drug benefit say they are planning to enroll in a Medicare drug plan. Over a third (36.9%) said they did not plan to enroll in a Medicare drug plan while another 36.3% were unsure whether they would enroll or not.

Of those who reported that they are not planning to enroll in a Medicare drug plan, about 2 out of every 5 (41.8%) say they already have a plan that covers prescription drugs. Another 27.8% reported they were not interested. Less than 1% said they don't know how to enroll (.3%).

Figure 20
In View of the New Medicare Drug Benefit, is Resident Planning to Enroll
in a Medicare Drug Plan?
(Ask of Respondents 65 and Older)



Data Source: 2005 Vermont Household Health Insurance Survey

Table 9
Percent of Respondents Who Gave Reasons for Not Enrolling
in the Medicare Drug Plan

Reason	%
Already have a plan	41.8
Not interested	27.8
Too expensive-Can't afford	6.8
Do not take enough medication	4.2
Advised not to enroll	4.0
Don't understand the plan-Don't trust the plan	4.1
Don't think it would be beneficial-Not a good plan	3.3
Don't qualify	3.1
Have not heard enough to decide	2.8
Already enrolled	1.1
Don't know how to enroll	0.3
Other	0.3
Unsure	0.4

Data Source: 2005 Vermont Household Health Insurance Survey

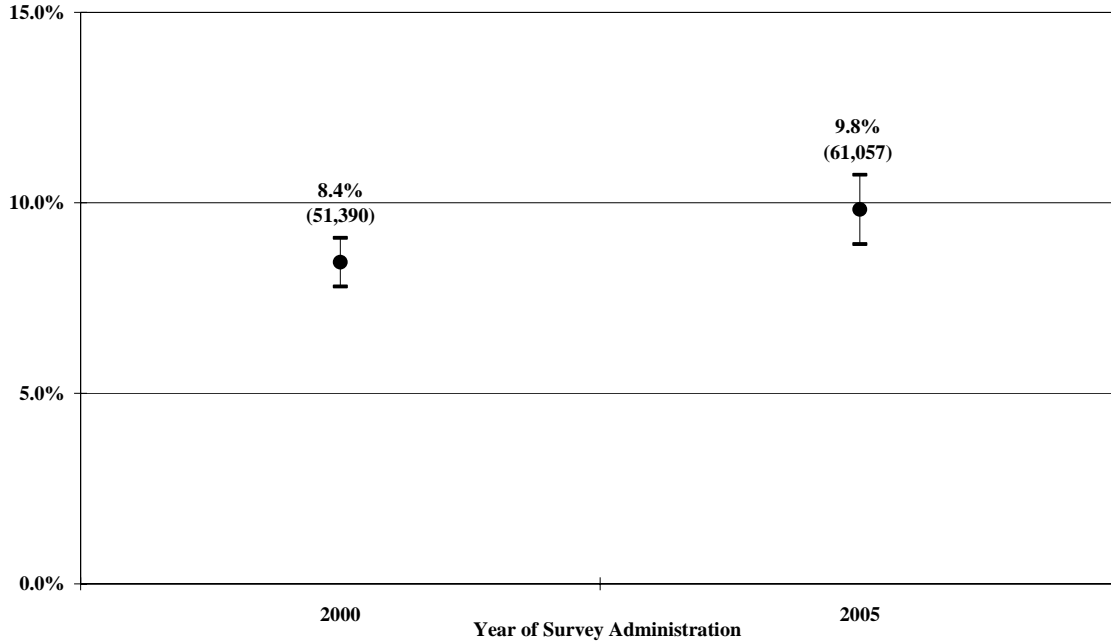
E. The Uninsured

Key Findings

- In 2005, nearly 1 in 10 (9.8%) Vermont residents or 61,057 individuals were uninsured. This is a slight increase, but not a statistically significant increase, from the 8.4% of Vermont residents who were uninsured in 2000.
- There was a statistically significant difference between the proportions of men (12%) who were uninsured compared to women (7.7%).
- Among Vermonters under the age of 65, those who are 18 to 24 had the highest percentage (24.7%) of uninsured while the lowest percentage (3.8%) occurred among children under the age of 9.
- Among residents with family incomes below \$38,700, about 16% are uninsured while the percentage of uninsured residents is only about 4% among residents whose family income is at least \$58,050.
- Orleans and Essex Counties combined have the highest percentage of uninsured residents (18.4%) while the lowest percentages of uninsured occur within Bennington and Chittenden Counties (7.1% each).
- Among adults, there is a higher percentage (12.9%) of uninsured among those who are working compared to those who are not currently working for pay (7.5%). The rate of uninsurance varied from a high of 16.6% of residents in the Newport Labor Market Area (LMA) to a low of 6.9% of residents in the Bennington-Manchester LMA.
- More than three in ten uninsured residents (31.4%) have been without health insurance coverage for a year or less, while 34.9% have lacked coverage for five or more years.
- When residents were asked what the main reasons were for being uninsured, over three quarters (77%) said that the cost is too high and they cannot afford health coverage. Further, when asked how cost rates as a barrier to attaining health care coverage, 66.1% said it was absolutely the only reason they were uninsured while another 18.5% said it was one of the main reasons.
- Among uninsured residents who have had some type of health insurance coverage during the past 12 months, the majority (55.1%) were previously covered by private health insurance through an employer or union.

Currently, 9.8% or 61,057 Vermont residents are not covered by any type of health insurance. This is a slight but non significant increase over the percentage of Vermont residents who were uninsured during the 2000 administration of the Vermont Household Health Insurance Survey. However, according to the 2004 Current Population Survey, the current rate of uninsurance in Vermont is statistically lower than the rate for the nation overall (15.7%).

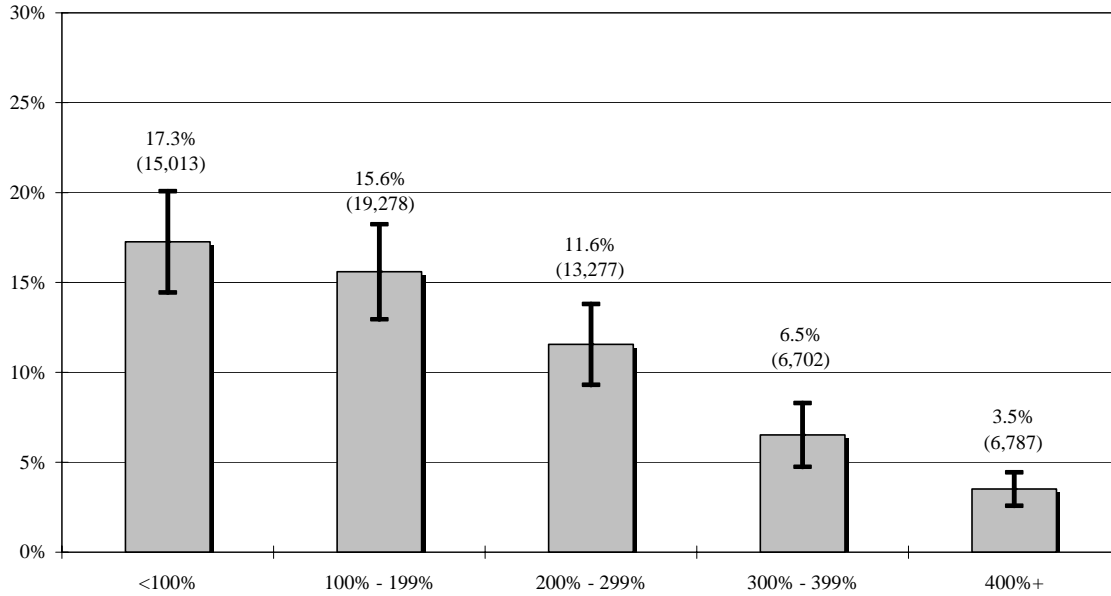
Figure 21
Percent of Vermont Residents Who are Uninsured



Data Source: 2000 Vermont Family Health Insurance Survey, 2005 Vermont Household Health Insurance Survey

There is a clear trend in the percentage of residents that lack health insurance coverage when one looks at family income. The largest percentage of uninsured residents occurs among the lowest income households. Among those whose reported family incomes are less than 100% of Federal Poverty Level (or \$19,350 annually for a family of four), 17.3% are uninsured. Among residents whose family incomes fall between 100% and 199% of federal poverty level (or \$19,350 to \$38,700 annually for a family of four), 15.6% lack health insurance coverage. Some 11.6% of those whose incomes are between 200% and 299% of Federal Poverty Level (or \$38,700 to \$58,050 annually for a family of four) are uninsured, 6.5% of those whose family incomes are between 300% and 399% of Federal Poverty Level are uninsured, while only 3.5% of those whose incomes are 400% of Federal Poverty Level or greater lack health insurance coverage.

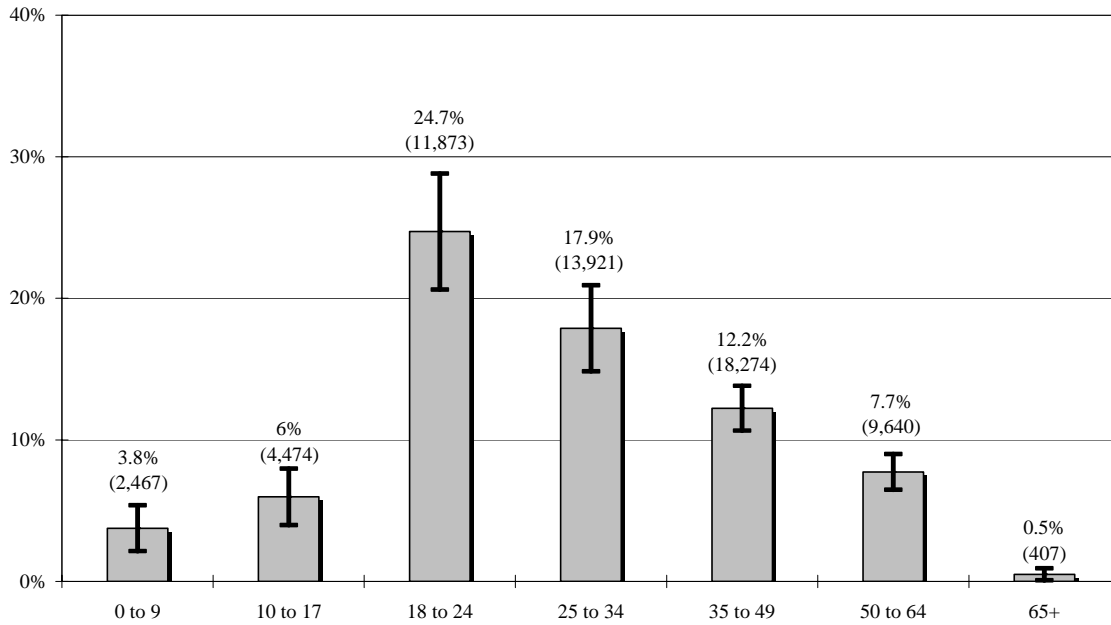
Figure 22
Uninsured Rate by Family Income
(As Percentage of Federal Poverty Level Group)



Data Source: 2005 Vermont Household Health Insurance Survey

The lowest rates of uninsurance occur among the youngest and oldest age groups. Specifically, those residents over the age of 65 (.5%) have the lowest rate of uninsurance followed by those under the age of 9 (3.8%) and then those between 10 and 17 (6%). For Vermont residents between the ages of 18 and 64, the proportion of uninsured drops steadily as age increases. For Vermont residents between the ages of 18 and 64 the highest proportion of uninsured occurs among those between 18 and 24 in which about a quarter (24.7%) did not have any insurance coverage. The rate of uninsured drops to 17.9% for those aged 25 to 34, drops again to 12.2% for those aged 35 to 49, and then drops to 7.7% among those aged 50 to 64.

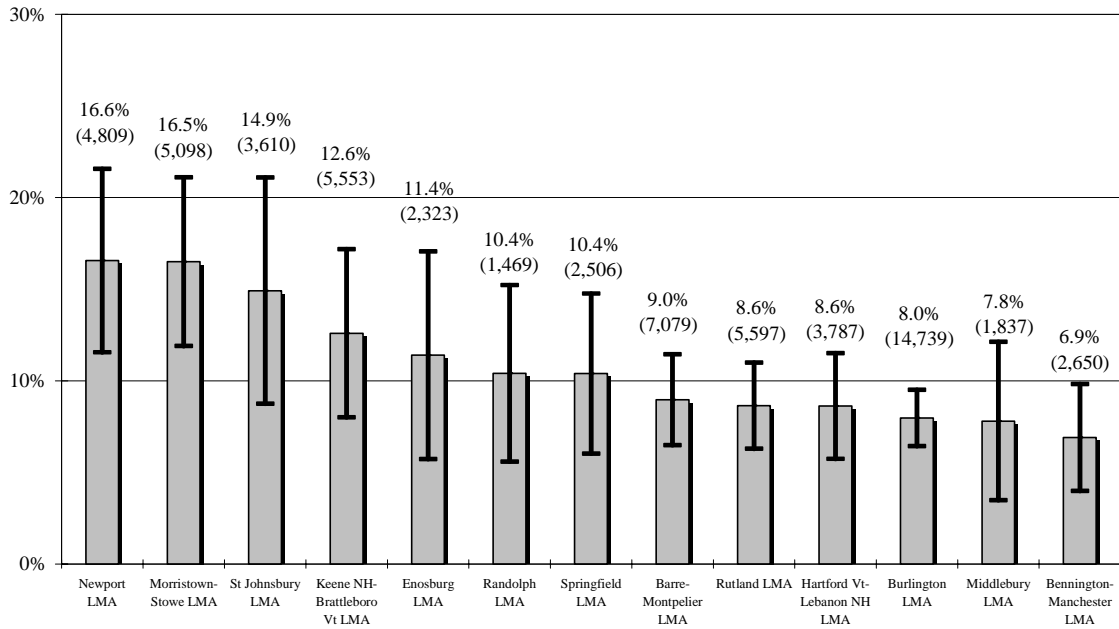
Figure 23
Uninsured Rate by Age
(As Percentage of Age Group)



Data Source: 2005 Vermont Household Health Insurance Survey

Among adults, significantly more residents who are currently working for pay (12.9%) are uninsured compared to those who are not currently working for pay (7.5%). Across Vermont Labor Market Areas the rate of uninsurance varied from a high of 16.6% of residents in the Newport LMA to a low of 6.9% of residents in the Bennington-Manchester LMA.

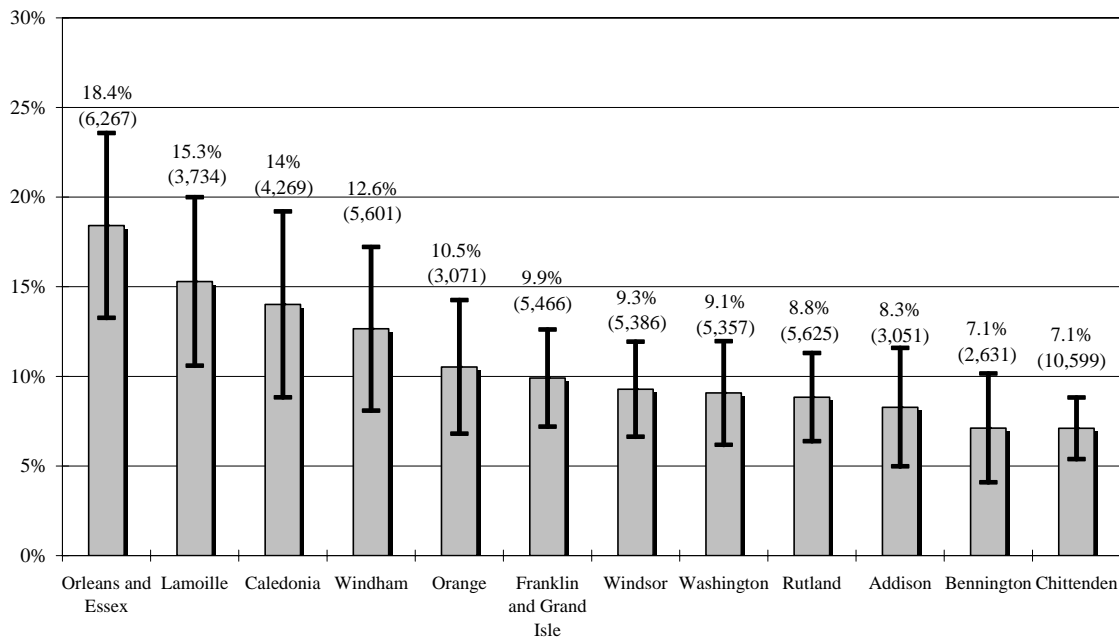
Figure 24
Percent Uninsured by Labor Market Area



Data Source: 2005 Vermont Household Health Insurance Survey

Counties in which more than 1 out of every 10 residents is uninsured are Orleans, Essex, Lamoille, Caledonia, Windham and Orange Counties. In Orleans and Essex Counties, where the highest rate of uninsurance occurred, 18.4% of residents are uninsured. Other counties with a high percentage of uninsured residents include Lamoille County (15.3% of residents are uninsured), Caledonia County (14.0%), Windham County (12.6%), and Orange County (10.5%). The counties with the lowest percentage of uninsured residents are Bennington and Chittenden Counties (7.1%). This is consistent with income reports on Per Capita Personal Income published by the Vermont Department of Labor (<http://www.vtlni.info/pciarea.htm>) which ranked Orleans and Essex Counties lowest in Per Capita Personal Income (13 & 14, respectively) and Chittenden and Bennington Counties highest in Per Capita Personal Income (1 & 2, respectively).

Figure 25
Percent Uninsured by County



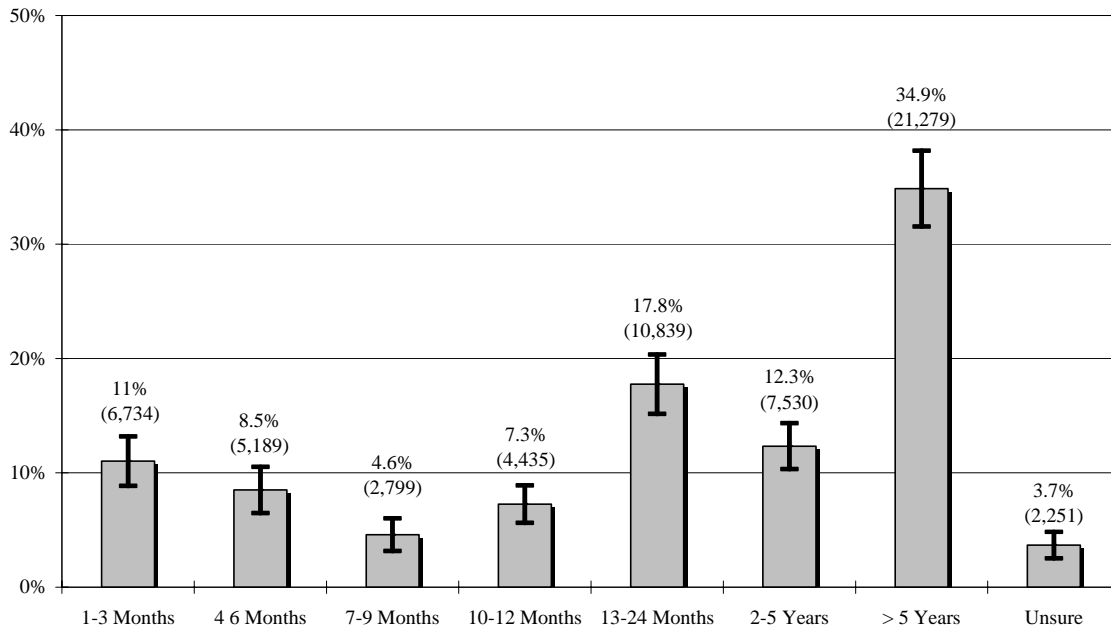
Data Source: 2005 Vermont Household Health Insurance Survey

Among uninsured residents, 31.4% or 19,172 individuals have lacked health insurance coverage for one year or less. Some 11.0% have been without health insurance coverage for one to three months, 8.5% for four to six months, 4.6% for seven to nine months, and 7.3% for ten to twelve months. Nearly eighteen percent (17.8%) of Vermont residents have lacked health insurance coverage for one to two years while 12.3% residents have been without health insurance coverage for two to five years. Nearly thirty-five percent (34.9%) or 21,309 uninsured Vermont residents report they have been without health insurance coverage for more than five years.

The long-term uninsured population is of particular concern given that those without health insurance are more likely to delay needed medical care. The longer an individual is uninsured the longer he or she will delay care. Delaying care increases the risk of hospitalization for avoidable conditions that could have been managed with outpatient services had care been sought in a timely manner. Indeed, the uninsured are about 2 times more likely to be diagnosed with a late-stage cancer compared to the privately insured due to delaying medical care (particularly for melanoma and colorectal cancer).³ Delaying care can also lead to temporary or permanent disability, and more importantly death.

³ Hadley, J. (2002). Sicker & Poorer: The Consequences of Being Uninsured; A Review of the Research on the Relationship Between Health Insurance, Health, Work, Income and Education. <http://www.kff.org/uninsured/upload/full-report.pdf>

Figure 26
How Long Has Person Been Without Health Insurance?



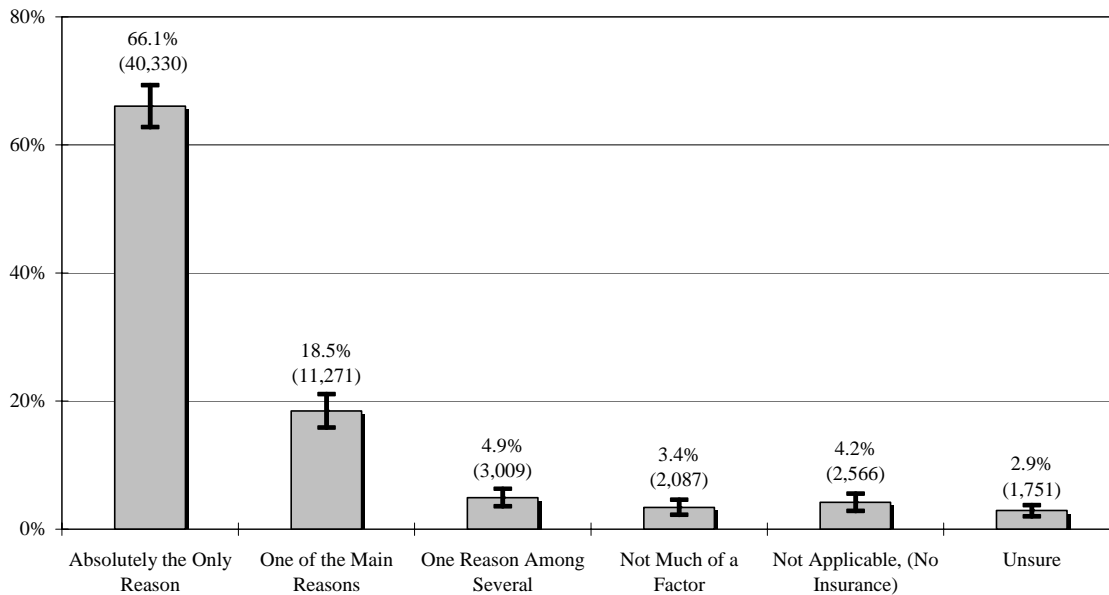
Data Source: 2005 Vermont Household Health Insurance Survey

The uninsured were asked a couple questions to determine the reasons why he or she was uninsured in general and how cost in particular factors into the reasons they were uninsured. When asked what the reasons were for being uninsured, over three quarters (77.0%) indicated that cost was a main reason for the lack of health insurance coverage. This includes the cost simply being too high, that they cannot afford health insurance, or cost increases led to dropping health insurance coverage. Other reasons cited for lack of coverage by a minority of the uninsured include the loss of eligibility for Medicaid or another state sponsored health insurance program (6.2%), their current employer does not offer health insurance (3.0%), that the person providing coverage for the family lost their job (2.7%), and there was a waiting period for coverage (2.2%), among other reasons. When asked specifically, how cost rates as a reason why they were uninsured the majority (66.1%) said it was “absolutely the only reason” while another 18.5% said it was “one of the main reasons.” Only 3.4% said cost was “not much of a factor.”

Table 10
What are the main reasons that PERSON is not currently covered by any type of health insurance?

	%
Cost is too high, cost increased, cannot afford	77.0
Was on Medicaid/State Medicaid Program – but no longer eligible	6.2
Current employer does not offer coverage	3.0
Person with health insurance lost job	2.7
Waiting period for coverage	2.2
Don't need insurance	1.9
Person changed employers and not eligible for insurance	1.7
Medicaid - Missed application deadline/Didn't fill out form	1.7
Lost coverage from parent, too old for coverage	1.3
Insurance company refused coverage, terminated coverage	1.1
Employer stopped offering coverage	0.8
Got divorced or separated/death of spouse or parent	0.6
Person with health insurance quit job	0.4
Self employed	0.4
Changed employers and new employer does not offer insurance	0.3
Employer cut person back to part time/temporary status	0.3
Never had insurance	0.3
Parents no longer have insurance	0.2
Moved to VT from out of state	0.2
Waiting for Medicaid benefits	0.1
Medicaid - lost coverage because of age	0.1
Insurance company moved/closed	0.1
Other	0.9
No Reason in Particular	0.1
Unsure	3.2

Figure 27
How Does Cost Rate as the Reason Why Person is Not
Currently Covered by Insurance?



Data Source: 2005 Vermont Household Health Insurance Survey

Uninsured residents reporting they had health insurance coverage at some time during the past 12 months were asked about the source of the prior health insurance. Among these uninsured Vermont residents, 55.1% reported their prior health insurance coverage was private insurance provided through an employer or union. Another 38.2% reported coverage through Medicaid or another state sponsored health insurance program (18.2% reporting prior coverage through VHAP or PC Plus, 10.7% through Medicaid, and 9.3% reporting prior coverage through Dr. Dynasaur). Another 1.0% reported Medicaid coverage that was provided through a state besides Vermont.

Table 11

What type of health insurance coverage did PERSON have?

(Asked of uninsured with some type of health insurance during the past 12 months)

Type of Health Insurance	%
Private health insurance through an employer or union	55.1
Vermont Health Access Plan or VHAP	18.2
MEDICAID	10.7
Dr. Dynasaur	9.3
Private health insurance bought directly	2.7
Military, Veterans, or TRICARE, formally CHAMPUS	1.2
Medicaid through other state	1.0
Primary Care Plus or PC Plus	1.0
Medicare	0.5
No insurance coverage (newborn)	0.4
Unsure	2.2

F. Segment Analysis: The Uninsured Population

An analysis was conducted to evaluate the characteristics of the uninsured population. This section provides a segment analysis of the uninsured. This section provides an analysis and segmentation of the uninsured child population (ages 0 to 17) and the uninsured adult population ages 18 to 64. Comparisons between the insured and uninsured population will be made in order to fully understand the differences between these two populations. For this section, “insured” means that a person has any type of health coverage, including private insurance, any type of Medicaid, Medicare, or Military insurance.

Key Findings

Uninsured Children Ages 0 to 17

Demographic Characteristics

- Among those ages 0 to 17, nearly 5% are uninsured.
- Over 60% of uninsured children ages 0 to 17 are male.
- Sixty percent of uninsured children are between the ages of 11 and 17.
- The largest proportion of uninsured children lives in Chittenden and Windham counties.
- Over one-half (55%) of uninsured Vermont children reside in homes whose annual income is less than 200% of the Federal Poverty Level.
- Compared to children with insurance, uninsured Vermont children are more likely to reside in homes with annual incomes of less than 300% of the Federal Poverty Level.

Employment Characteristics of Parents

- About three-quarters of uninsured children live with adults who are employed. Most of these employed adults work full time.

- Over half (56%) of the employed adults in households with uninsured children work for private companies. Over one quarter (27%) of these adults are self-employed.
- Over 60% of working adults (in the private sector) that reside in households with uninsured children work in the service sector. Over half (55%) of the working adults in families with uninsured children work for companies with fewer than 25 employees. Over 16% work for companies with 100 or more employees.
- Forty percent of working adults in families with uninsured children indicated their employer offers some type of health insurance coverage.

Knowledge and Interest in State Medicaid Program

- Over 60% of families with uninsured children are somewhat or very knowledgeable about the state Medicaid program.
- Over 60% of families with uninsured children are very interested in enrolling these children in the state Medicaid program.
- The reason given by over half of those who were asked why they have not enrolled their uninsured children in a state Medicaid program is that they think they are probably not eligible.

Health Insurance Characteristics

- Forty percent of uninsured children in Vermont have been without health insurance for 12 months or less.
- Four in five adults with uninsured children are also uninsured.

Health Care Barriers

- Uninsured children are more likely than insured children to have not received needed medical care, dental care, or prescription drugs because they could not afford it.
- Families with uninsured children were more likely than families with insured children to have problems paying for medical bills, to have been contacted by a collection agency about unpaid medical bills, and to have altered their lives significantly in order to pay medical bills.

- Forty-three percent of families with uninsured children have been contacted by a collection agency for unpaid medical bills.
- Fifteen percent of families with uninsured children had to significantly change their life in order to pay medical bills.

Prescription Drugs and Doctors Visits

- Three out of four families with uninsured children are concerned about being able to afford prescription medicines.
- Thirty percent of uninsured children did not see a health care professional during the past year. This compares to 7% of insured children.
- Almost 70% of uninsured children get medical attention at a private doctor's office, 19% go to a neighborhood health center, and 5% go to the emergency room.
- Uninsured Vermont children are more likely than insured children to take no prescription drugs on a regular basis.

Uninsured Adults Ages 18-64

Demographic Characteristics

- Among those ages 18 to 64, over 13% are uninsured. Sixty percent of uninsured adults ages 18 to 64 are male.
- About one-third of the uninsured adult population is between the ages of 35 and 49.
- Half of the uninsured population in Vermont has a high school education or GED, while 21% have some college, junior college, or an associate's degree, and 18% have a 4 year degree or post-graduate degree.
- The county with the highest proportion of uninsured adults is Chittenden.
- About one out of every five uninsured adults lives in households that are at or above 300% of the Federal Poverty Level.
- Uninsured adults ages 18 to 64 are significantly more likely than insured adults to live in households that are below 200% of the Federal Poverty Level.

Employment Characteristics

- About four out of every five uninsured adults are employed.
- Nearly three-quarters (73%) of uninsured adults work 35 or more hours per week.
- Over 60% of uninsured adults work for a private company.
- About 60% of uninsured adults who work in the private sector work in the service sector.
- Three out of every five uninsured adults work for an employer with fewer than 25 employees.
- Three in ten uninsured adults work for employers that offer some type of health insurance.

Knowledge and Interest in the State Medicaid Program

- Over half of the households with uninsured adults are somewhat or very knowledgeable about the state Medicaid program.
- Two-thirds of uninsured adults are very interested in enrolling in a state Medicaid program.
- The reason given by 63% of those who were asked why they have not enrolled in a state Medicaid program is that they think they are probably not eligible.

Health Care Barriers

- Uninsured adults are more likely than insured adults to have not received needed medical care, dental care, or prescription drugs because their family could not afford it.
- Thirty-nine percent of uninsured adults ages 18 to 64 delayed getting needed dental care due to cost. One-quarter did not get medical care from a doctor, 14% did not get prescription drugs, and 11% skipped doses or took smaller amounts of prescription drugs because they could not afford it.
- Forty-five percent of uninsured adults live in a household that has problems paying for medical bills.

- Approximately one-in-three uninsured adults live in a household that has been contacted by a collection agency about owing money for unpaid medical bills.
- Twelve percent of uninsured adults live in a household that had to significantly change their lives in order to pay medical bills.

Prescription Drugs and Doctors Visits

- Thirty-nine percent of uninsured adults are very concerned about being able to afford prescription medicines.
- Forty percent of uninsured adults did not see a health care professional during the previous year.
- Fifty-nine percent of uninsured adults go to a private doctor's office when they need medical attention, while 23% go to a neighborhood health center, 7% go to a hospital outpatient department, and 5% go to an emergency room.
- Three percent of uninsured adults and 6% of insured adults have stayed overnight in a hospital during the past 12 months.
- Nine percent of uninsured adults and 11% of insured adults sought medical care in an emergency room during the past 12 months.
- Seventy-six percent of uninsured adults and half of insured adults take no prescription drugs on a regular basis.

Health Status and Chronic Conditions

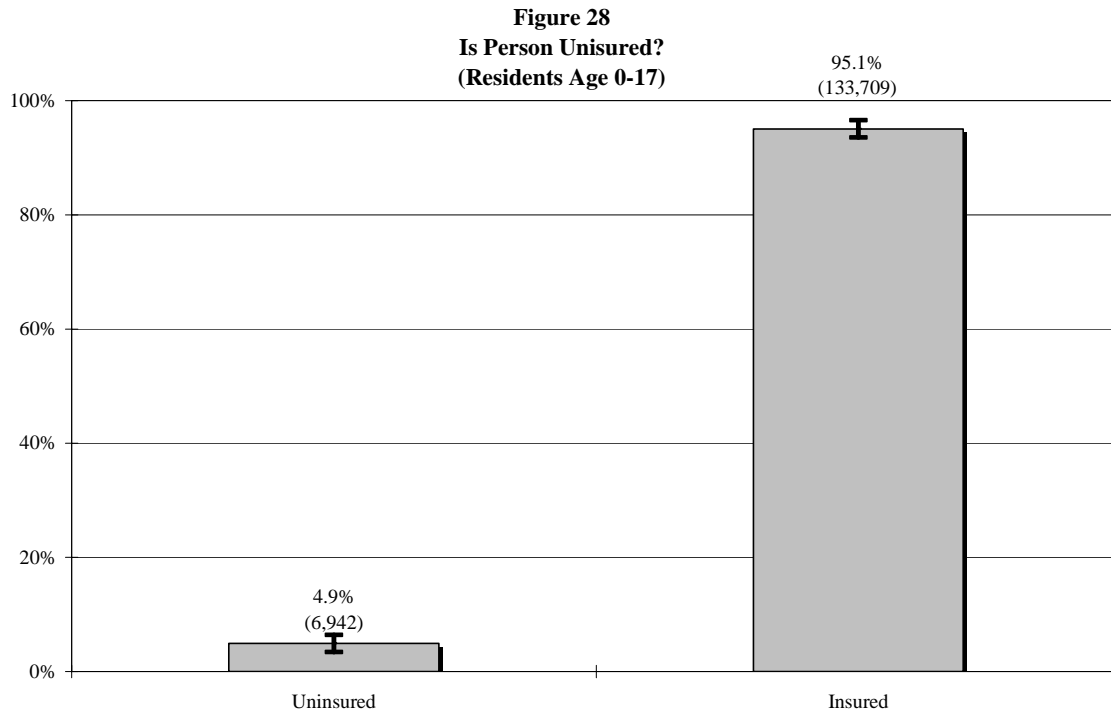
- Sixty-four percent of uninsured adults and 67% of insured adults are in very good or excellent health.
- Eighteen percent of uninsured adults and 22% of insured adults report being limited in some way because of physical, mental, or emotional problems.
- Uninsured adults have fewer self reported chronic conditions than adults who are insured.

Summary and Discussion

It is estimated that approximately 61,000 residents in Vermont do not have any kind of health insurance, for a statewide uninsurance rate of 9.8%. This is an increase of 1.4% from 2000 (8.4%), but well below the current US uninsured rate of 15.7%⁴.

Uninsured Children Ages 0 to 17

Vermont, like other states in the Northeast, such as Massachusetts, New Hampshire, and Rhode Island, uses state sponsored health insurance programs to effectively provide health insurance coverage to children under the age of 18. The state's uninsured rate for this population is only 4.9% (or approximately 6,950 children).



Data Source: 2005 Vermont Household Health Insurance Survey

⁴ 2004 Current Population Survey, US Department of Labor, Bureau of Labor Statistics, <http://www.bls.gov/cps/>

Demographic Characteristics

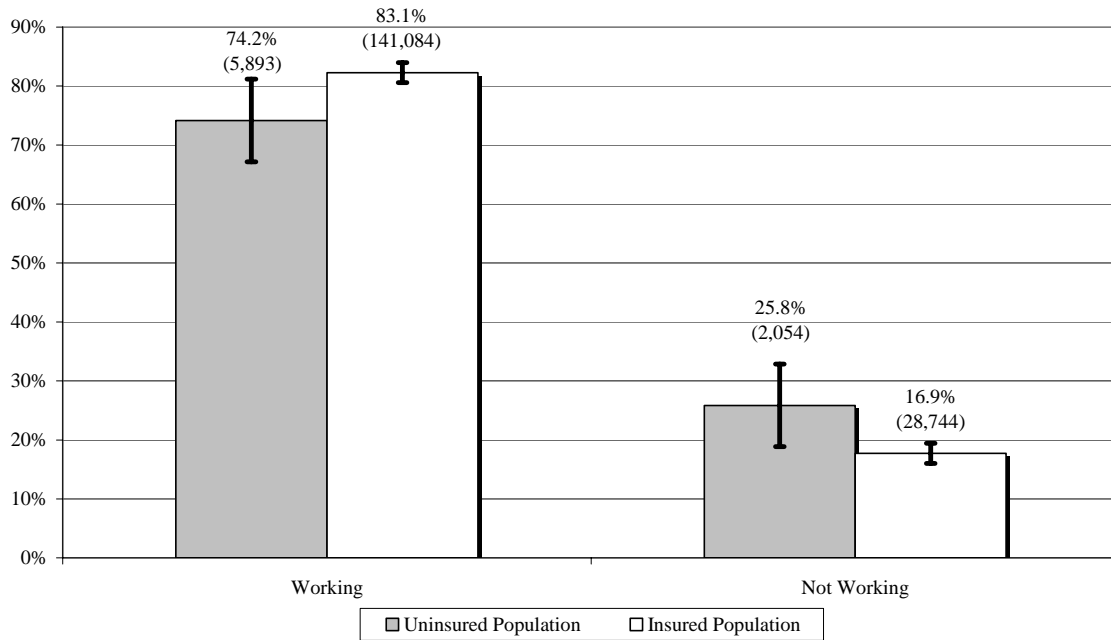
In examining the demographic characteristics of uninsured children, largest percentage is male (60%) and live in Chittenden, Windham, and Rutland counties. Half of uninsured children in Vermont reside in households with annual incomes of less than 200% of Federal Poverty Level and most are between the ages of 11 and 17. When looking at the distribution by age, there may be some indication that insurance coverage is lapsing among this group. Simply, families may not be renewing coverage for these children as they become teenagers. One reason may be less frequent trips to health care providers. Younger children tend to visit doctors and other health care providers frequently for immunizations, well care visits, and for common conditions like colds. As children age, these visits may become less frequent, and the perceived need for health insurance coverage may decrease as well. Visits to health care providers may serve as a prompt to remind parents to renew their coverage.

By area, the uninsured children are distributed throughout the state, though there appears to be some concentration in southern Vermont. This is especially true in Windham and Rutland counties. The reason for this is unclear: it may relate to the types of jobs available and opportunities for employment. The rate of unemployment in these counties is comparable to the state as a whole; however, based on census data, the rate of job growth and the median income of these two counties are slightly lower than the state as a whole. This might imply that the types of jobs available in these counties may not offer health insurance to employees to the same degree as in other counties; however, it should be noted that this same pattern of concentration is not observed among uninsured adults.

Employment Characteristics of Parents

About three-quarters of uninsured children live in households with adults who are employed, most of whom are employed full time. While 56% of these adults work for private companies, one-quarter are self-employed. These employed adults typically work in the service sector and 55% work for companies that employ fewer than 25 employees.

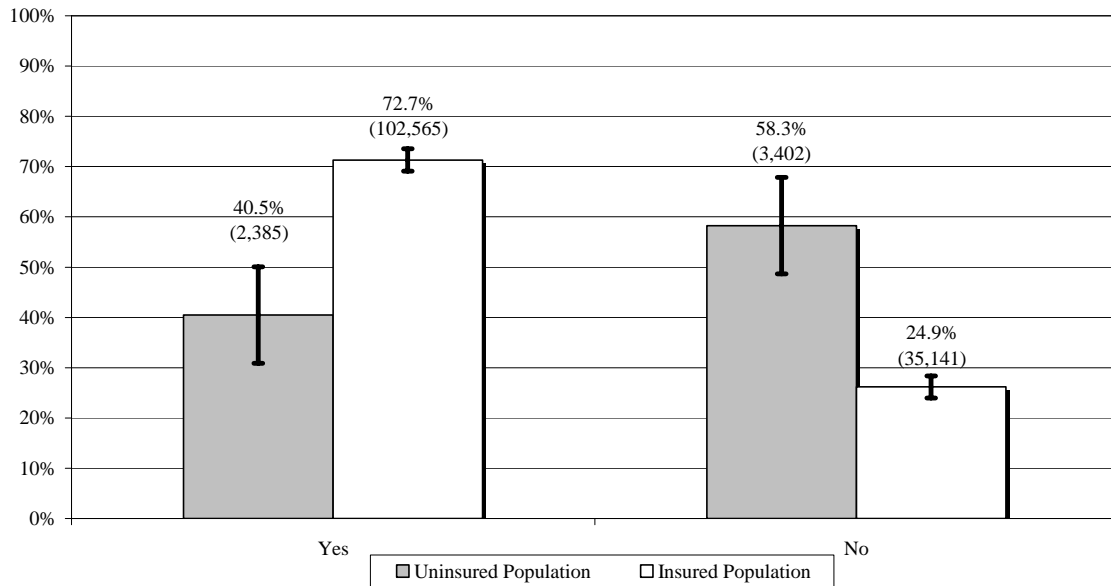
Figure 29
Employment Status of Adults in Household
(Adults in Families with Uninsured/Insured Children Age 0 to 17)



Data Source: 2005 Vermont Household Health Insurance Survey

Uninsured children in Vermont often do not have access to employer based health insurance coverage through their parents. Among employed parents with uninsured children in their families, only 41% of these adults indicated their employer offers some type of health insurance coverage, significantly less than the 71% with insured children. Even among the 41% of parents who are offered insurance through their employer, many (55%) indicated it would cost too much for them to take.

Figure 30
Does Person's Employer or Labor Union Offer Health Insurance Coverage?
(Working Adults in Families with Uninsured/Insured Children Age 0 to 17)



Data Source: 2005 Vermont Household Health Insurance Survey

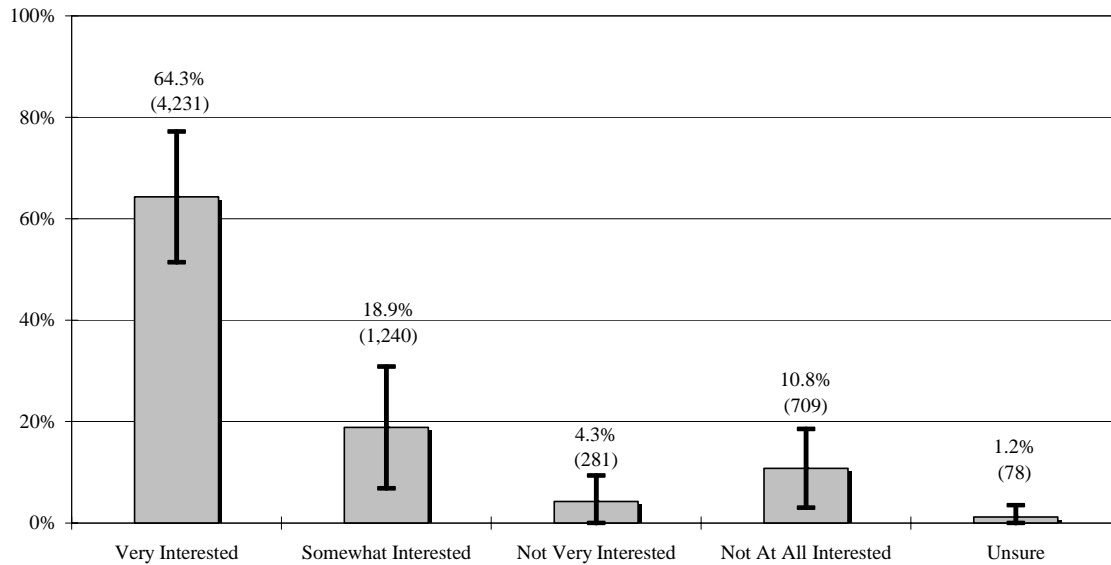
Examining this issue from the child's perspective, about 2,400 uninsured children (35% of all uninsured children⁵) have working parents or guardians with access to insurance through their employer. A portion of these adults stated that they are ineligible for coverage, due to either not working enough hours, not working at the company long enough, or both. However, that still leaves 1,750 children with parents or guardians that are potentially eligible for coverage offered through their employer, or even insured, but have not taken coverage for their children. Among this group, cost would preclude the purchase of this insurance among half of these families. The remaining children (3,100) have parents without access to health insurance through their employer and hence their children would not have access to employer sponsored health insurance plans.

⁵ There are a small number of uninsured children who live in families without a working adult, which is why 41% of working adults with uninsured children have employer offered insurance, but only 35% of all uninsured children have access to employer offered insurance through their parents.

Knowledge of and Interest in State Medicaid Program

Sixty-four percent of families with uninsured children indicated they are somewhat or very knowledgeable about the state Medicaid program. The same percentage indicated they are very interested in enrolling these children in the state Medicaid program. Over half of those who were asked why they have not enrolled their uninsured children in a state Medicaid program stated that they think they are probably not eligible, while 14% were not familiar with the Medicaid program, and 11% indicated that the process would be too troublesome.

Figure 31
How Much Interest Would There be in Enrolling the Uninsured Members of the Family in the State Medicaid Program?
(Families with Uninsured Children Age 0 to 17)



Data Source: 2005 Vermont Household Health Insurance Survey

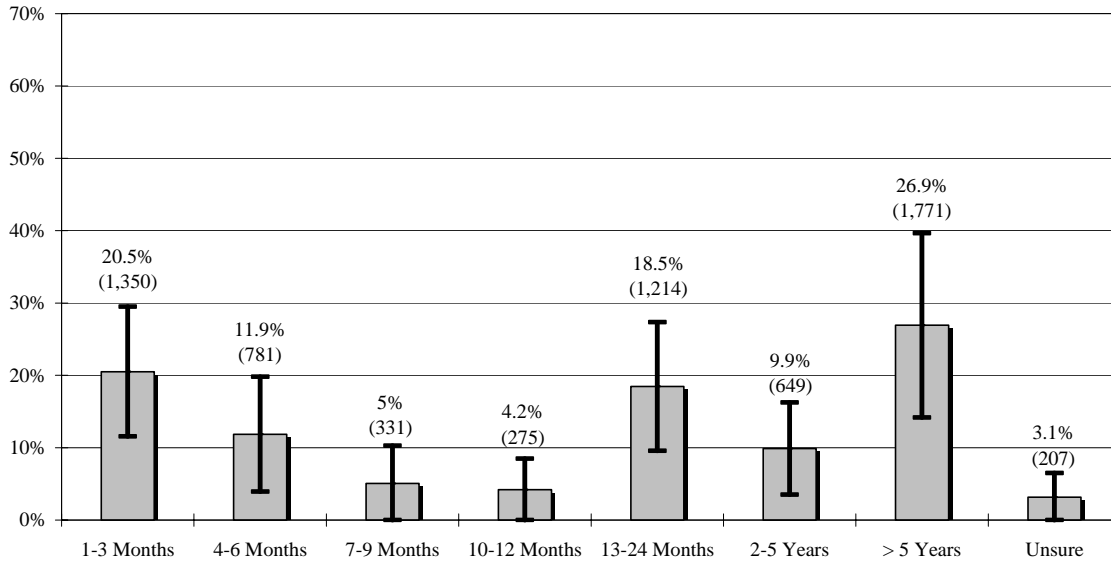
Table 12
What are the Reasons that the Uninsured Members of the Family Have Not
Enrolled in the State Medicaid Program?
(Families with Uninsured Children age 0 to 17)

Reason	%
Probably not eligible	55.4
Not familiar with the Medicaid program	14.3
Too much trouble/paperwork	11.2
Don't want to be on public assistance	6.9
Have applied	5.4
Cost too much	3.1
Don't want or need health insurance	2.2
Don't know where or how to apply	1.1
Rarely sick	1.0
Other	4.1
Unsure	0.4

Health Insurance Characteristics

Forty percent of uninsured children in Vermont have been without health insurance for 12 months or less. Among these children, nearly three quarters had prior health insurance coverage through the state's Medicaid program at some time during the past 12 months. Over one quarter of the uninsured Medicaid children in Vermont have been without health insurance coverage for five or more years.

Figure 32
How Long Has Person Been Without Health Insurance?
(Families with Uninsured Children Age 0 to 17)



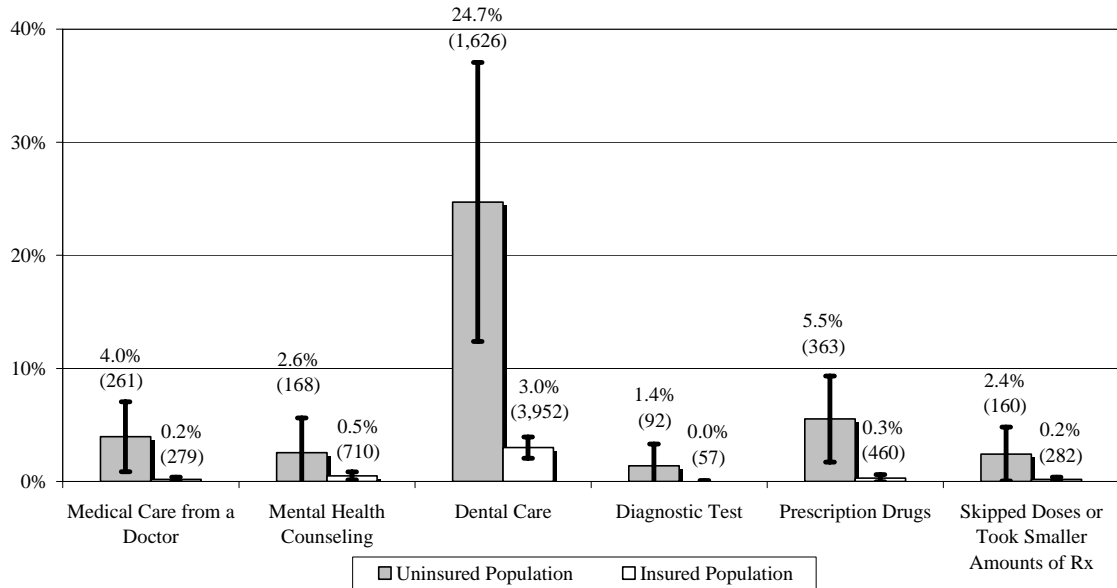
Data Source: 2005 Vermont Household Health Insurance Survey

Not surprisingly, uninsured children tend to live in households where most members are also without health insurance. When looking at the families of uninsured children, 70% of these family members are also uninsured, while 19% are covered by private health insurance and another 10% have coverage provided through the state Medicaid program.

Use of Medical Services and Cost

Without health insurance to cover the cost of care, uninsured children are more likely than insured children to have not gotten needed medical care (4%), dental care (25%), or prescription drugs (6%) because they could not have afforded it.

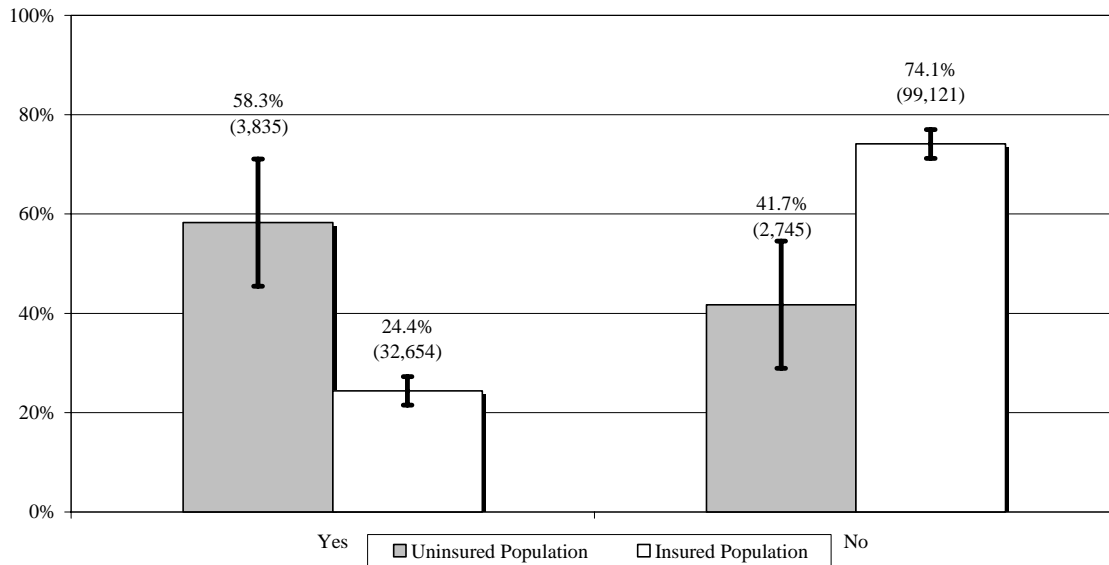
Figure 33
Was There any Time Person Needed Medical Care from a Doctor but Did Not Get it
Because They Could Not Afford It?
(Percent Indicating 'Yes' - Children Age 0 to 17)



Data Source: 2005 Vermont Household Health Insurance Survey

Families that have uninsured children were also more likely than families with insured children to have problems paying for medical bills, to have been contacted by a collection agency about unpaid medical bills, or have had to alter their lives significantly in order to pay medical bills. Three out of four families with uninsured children in Vermont are concerned about being able to afford prescription medicines. Uninsured Vermont children are also more likely than insured children to take no prescription drugs on a regular basis.

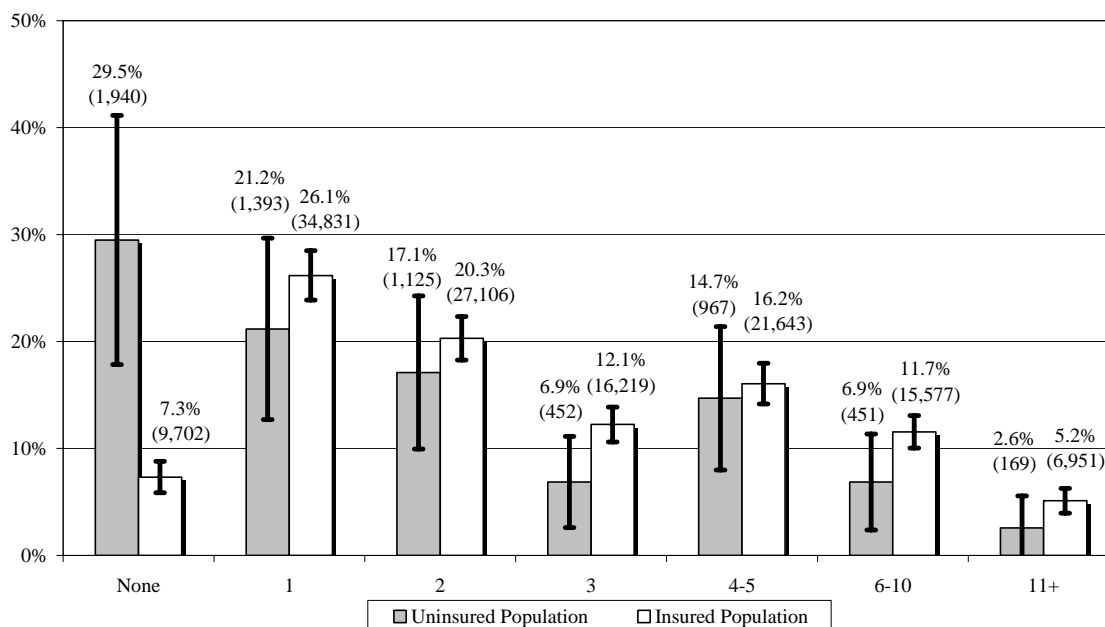
Figure 34
Were There Times that there were Problems Paying for Medical Bills
for Anyone in Your Family?
(Children Age 0 to 17)



Data Source: 2005 Vermont Household Health Insurance Survey

There are health care implications for the lack of health insurance coverage among these uninsured children as well as financial burdens for the family. These children are less likely to visit a health care professional, with 30% of uninsured children not seeing a doctor during the past 12 months (compared to only 7% of insured children) and 45% not seeing a physician for routine care or check-ups.

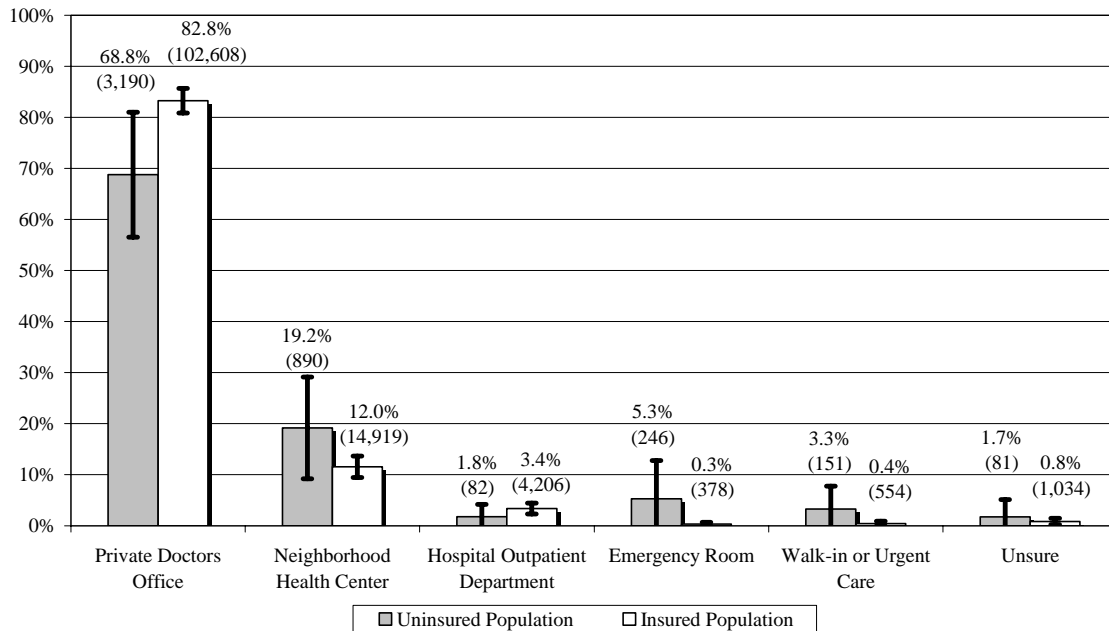
Figure 35
How Many Times Did Person See A Health Care Professional?
(Children Age 0 to 17)



Data Source: 2005 Vermont Household Health Insurance Survey

When asked where these children go when they need medical attention, almost 70% of uninsured children get medical attention at a private doctor’s office, 19% go to a neighborhood health center, and 5% go to the emergency room. Compared to insured children, those lacking insurance are less likely to go to a private doctor’s office and more likely to go the emergency room for medical care.

Figure 36
What Kind of Place Does Person Go When They Need Medical Attention?
(Children Age 0 to 17)



Data Source: 2005 Vermont Household Health Insurance Survey

One implication is that these children are at risk for preventable illness by delaying medical care (especially preventive care) until health conditions become more serious, rather than seeking care early on. The cost may become more expensive if care is delayed since early identification and treatment of illnesses typically reduce the costs associated with medical care. For example, uninsured children in Vermont were more likely to use the hospital emergency room as a regular source of health care or have no regular source of care compared to children who were insured. Research conducted in the state of Florida found that when parents were helped to buy coverage for uninsured children, children received health care in doctors' offices rather than emergency rooms. Emergency room visits dropped by 70% in areas of the state served by the new program, saving the state's taxpayers and consumers \$13 million.⁶

This could conceivably impact not only the financial costs to the family but to the state as well. Families with uninsured children were twice as likely to report having trouble paying medical bills or having to alter their lives significantly due to medical bills than families with insured children. As a result, the medical system has to absorb the cost of those who cannot afford to pay for this needed care.

Due to the combination of working with employer offered insurance, working without employer offered insurance, and non-working parents, it would appear that there is no

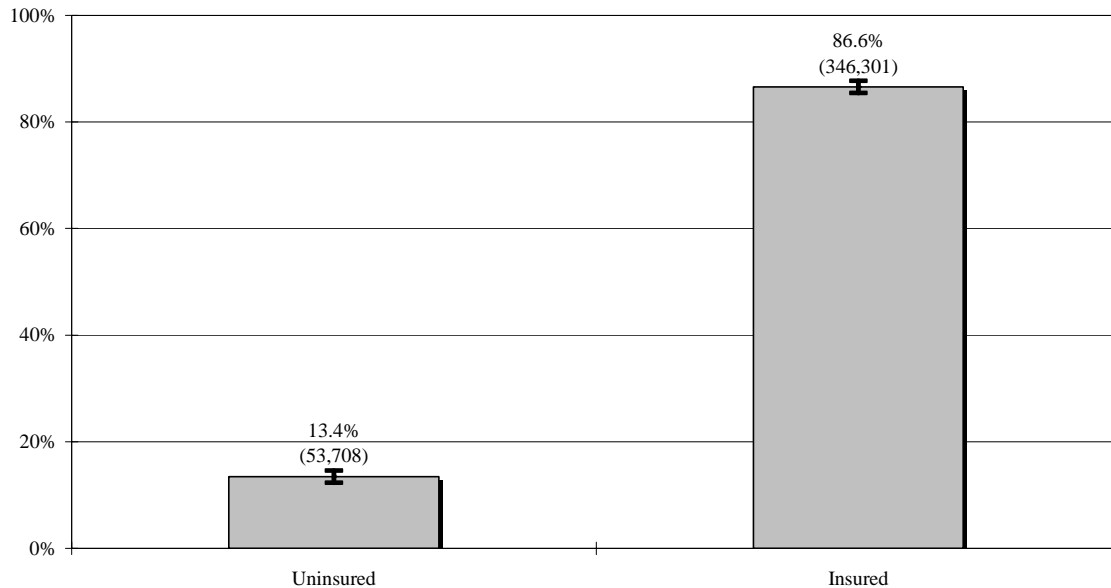
⁶ Florida Healthy Kids Corporation (1997) Healthy Kids Annual Report.

clear avenue to easily and effectively provide all uninsured children with health insurance coverage. Employer based insurance coverage is an option for some of these children, but cost remains a key barrier among this group. Many adults just cannot afford to cover their children through employer offered private insurance.

Uninsured Adults Age 18-64

Vermont has approximately 53,700 uninsured adults age 18 to 64, for a rate of uninsured adults of 13.4%. This rate has increased from 11.4% in 2000.

Figure 37
Is Person Uninsured?
(Adults Age 18 to 64)



Data Source: 2005 Vermont Household Health Insurance Survey

Demographic Characteristics

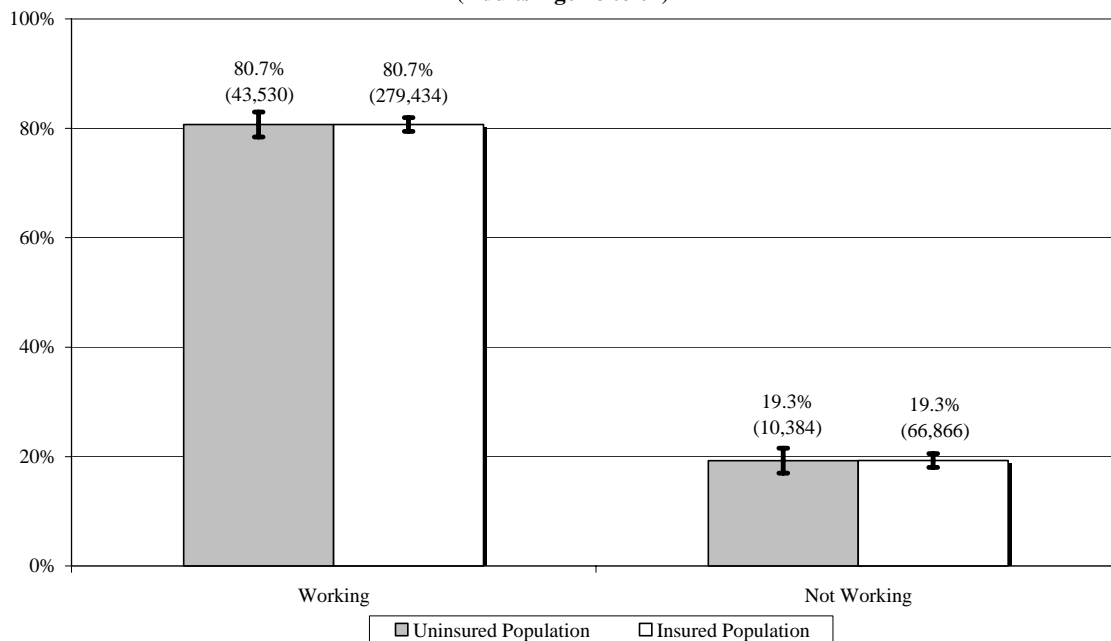
In examining the characteristics of uninsured adults, 60% are male. The largest percentage of uninsured adults are between the age of 18 and 24 (38%), though over one-quarter are between 25 and 34 and about one-quarter are between the age of 35 and 49. Thus, this is not simply a group of young adults who may not have coverage because they are not in the workforce (or are in entry level positions less likely to offer benefits). Many uninsured are older adults that have established careers.

Half of the uninsured population in Vermont has a high school education or GED and 18% have a 4 year degree or post-graduate degree. The county with the highest proportion of uninsured adults is Chittenden. Uninsured adults age 18 to 64 are significantly more likely than insured adults to live in households that are below 200% of Federal Poverty Level.

Employment Characteristics

Like the parents of uninsured children in the state, most uninsured adults (80%) work for pay and three-out-of-five of these working adults are employed full-time (35+ hours per week). Over 60% of uninsured adults work for a private company, typically in the service sector, and the majority of these adults (60%) work for an employer with fewer than 25 employees.

Figure 38
Employment Status
(Adults Age 18 to 64)

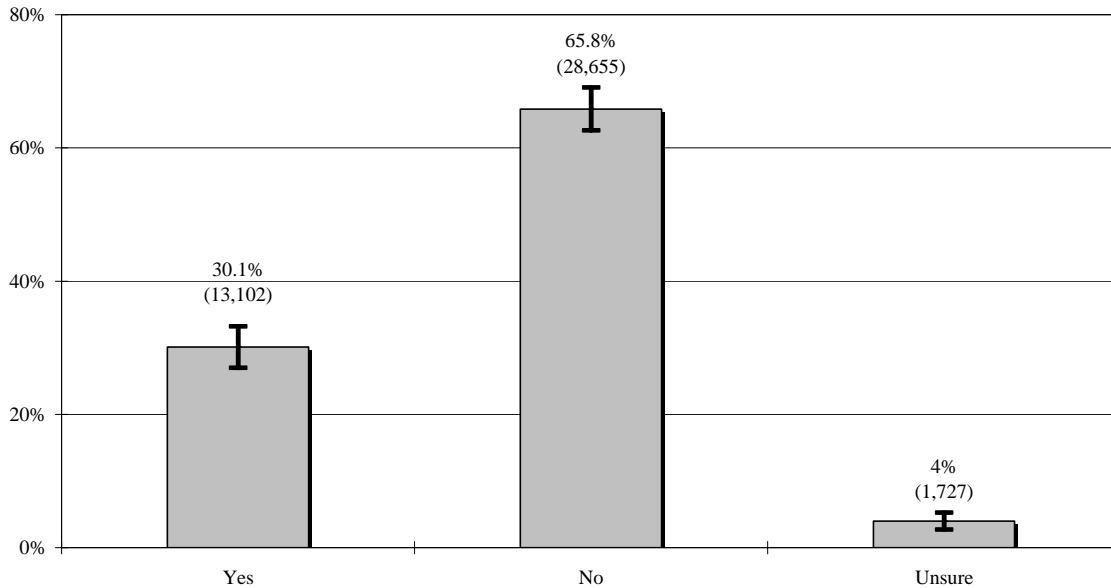


Data Source: 2005 Vermont Household Health Insurance Survey

In most cases, these working adults do not have the opportunity to access health insurance through their employer (only 30% work for employers that provide health insurance benefits). Among both working and non-working uninsured adults, 20,400 have employer offered coverage either through their own employer or their spouse's employer. A total of 12,700 adults report being eligible for employer offered coverage by both working at their place of employment long enough and working enough hours per week; but, even among the adults whose employers do offer some type of health

insurance benefit, cost precludes 41% from purchasing health insurance coverage through their employer.

Figure 39
Uninsured Adult Population by Whether Employer Offers Insurance
(Employed Adults Age 18 to 64)

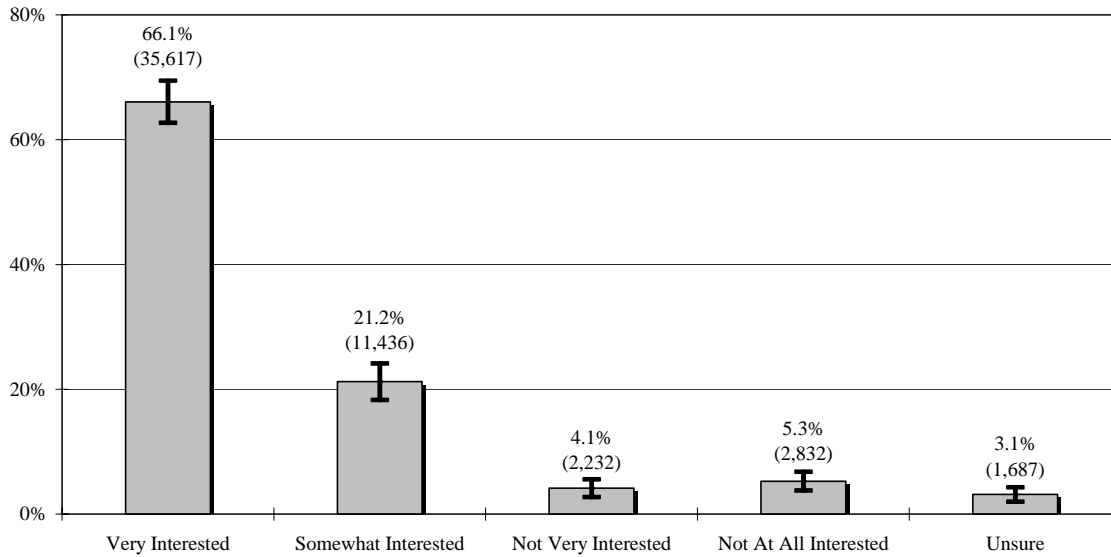


Data Source: 2005 Vermont Household Health Insurance Survey

Knowledge of and Interest in State Medicaid Program

Among families with uninsured adults, over half are somewhat or very knowledgeable about the state Medicaid program. Two-thirds indicated they are very interested in enrolling in the state Medicaid program; however, over half of those who were asked why they have not enrolled in a state Medicaid program stated that they think they are probably not eligible. An additional 15% were not familiar with the Medicaid program, while 6% felt there would be too much paperwork, and 6% did not know where or how to apply.

Figure 40
How Much Interest Would There be in Enrolling the Uninsured Members of the Family
in the State Medicaid Program?
(Families with Uninsured Adults Age 18 to 64)



Data Source: 2005 Vermont Household Health Insurance Survey

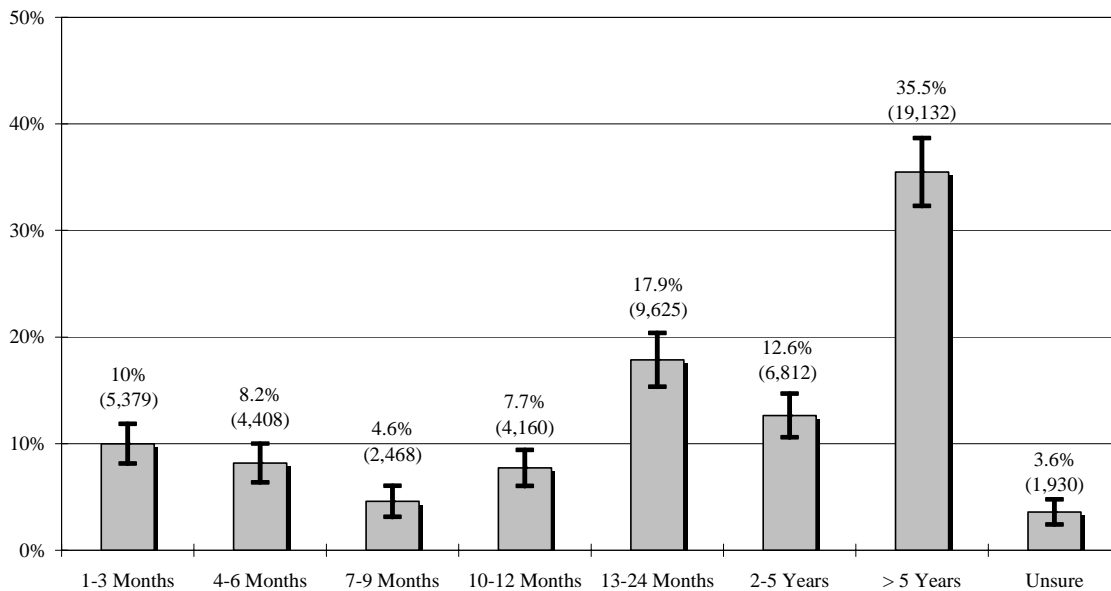
Table 13
What are the Reasons that the Uninsured Members of the Family Have Not
Enrolled in the State Medicaid Program?
(Families with Uninsured Adults Age 18 to 64)

Reason	%
Probably not eligible	63.1
Not familiar with the Medicaid program	15.1
Too much trouble/paperwork	6.0
Don't know where or how to apply	5.6
Don't want to be on public assistance	4.7
Cost too much	4.3
Don't want or need health insurance	2.8
Have applied	2.8
Rarely sick	2.7
Other	2.8
Unsure	4.6

Health Insurance Characteristics

In addition to not being offered or able to afford health insurance, one-third of uninsured adults have recently lost their health insurance coverage, meaning that they have been without health insurance for 12 months or less. Among uninsured adults, over half (61.4%) had prior coverage through an employer and another 31.8% had coverage through one of Vermont’s Medicaid programs. Thirty-five percent of uninsured adults have lacked health insurance coverage for five or more years.

Figure 41
How Long has Person been Without Health Insurance?
(Uninsured Adults Age 18 to 64)



Data Source: 2005 Vermont Household Health Insurance Survey

As stated above, among the uninsured adults who have been uninsured a year or less, 61.4% had prior coverage through their employer, which represents 19% of all uninsured adults in Vermont. This is an indication that many recently uninsured adults have not been offered, lost, or dropped their employer offered health insurance coverage. In some cases, employers may be dropping health insurance coverage, but the primary cause seems to be that health insurance simply became too expensive to afford. As health insurance costs increase for both the employee and the employer, a larger percentage of lower income working adults may be forced to drop health insurance coverage due to its cost.

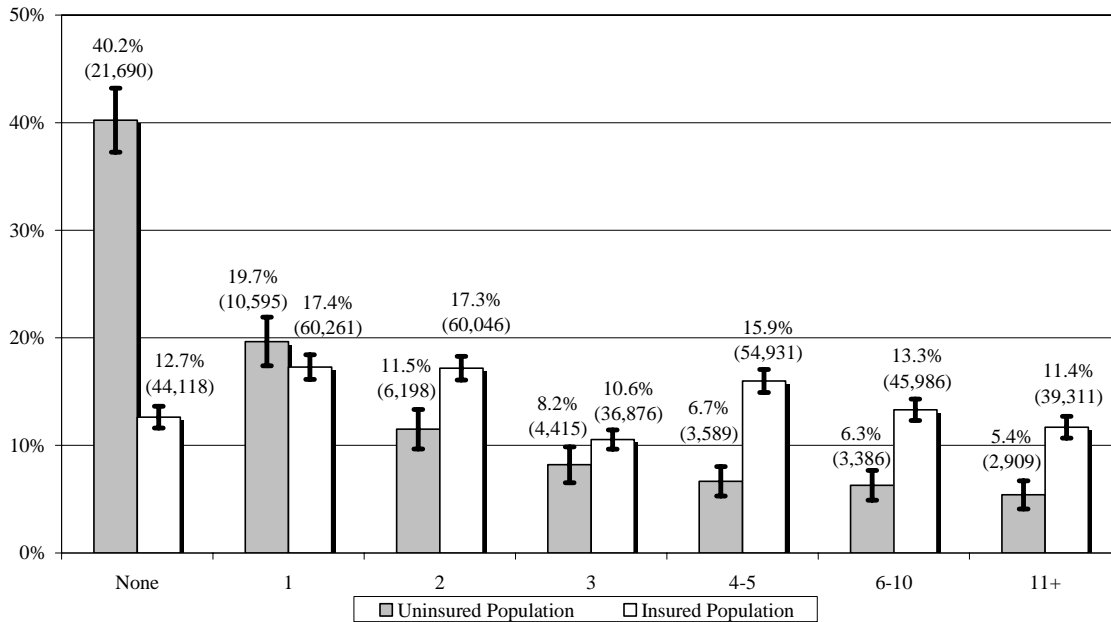
As with uninsured children, there appears to be no clear cut solution to providing uninsured adults in Vermont with health insurance. Half of the uninsured adult population does not have an employer or a spouse’s employer that offers insurance

coverage. One-quarter are currently eligible (either on their own or through a spouse) for employer offered insurance. Many of these adults decide not to take this insurance due to cost, so providing incentives to these adults could encourage many into taking their employer offered insurance and possibly covering their children as well; however, one-quarter of uninsured adults live in non-working households, meaning they are also without access to any employer offered insurance.

Use of Medical Services and Cost

Uninsured adults are less likely to visit a health care professional than those adults with insurance and are more likely to delay needed medical care due to cost. Forty percent of uninsured adults did not visit a doctor during the past 12 months and 70% did not see a physician for routine care or check-ups.

Figure 42
How Many Times did Person See A Health Care Professional
(Adults Age 18 to 64)

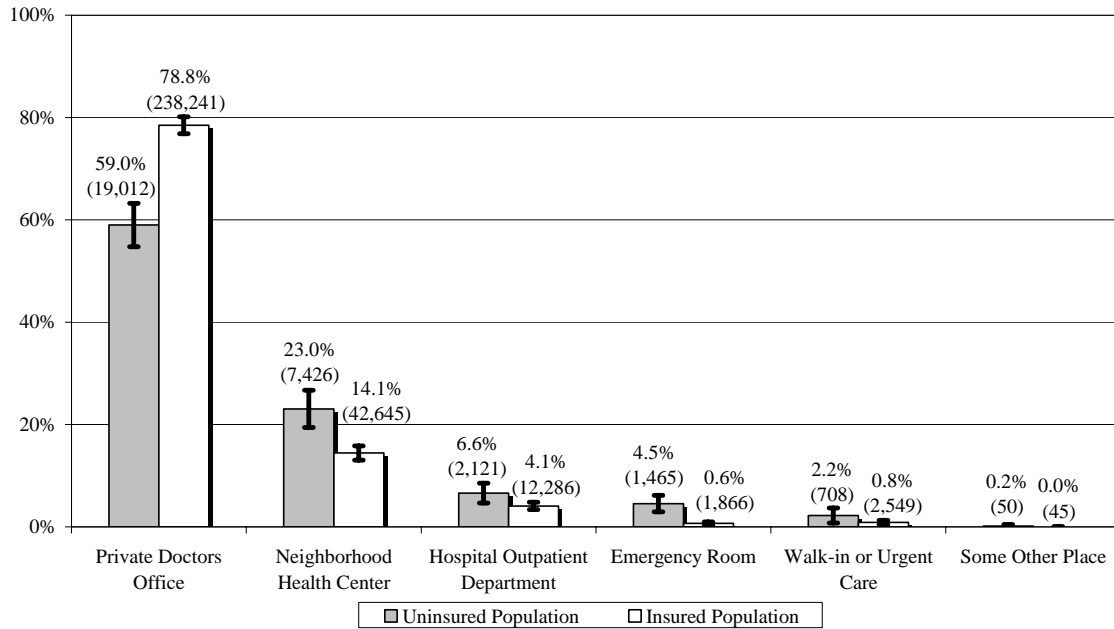


Data Source: 2005 Vermont Household Health Insurance

When uninsured adults do seek medical care, 59% of go to a private doctor's office, while 23% go to a neighborhood health center, 7% go to a hospital outpatient department, and 5% go to an emergency room. Compared to insured adults, those without insurance are less likely to go to a private doctor's office and more likely to go to hospital outpatient department or emergency room when they need medical care.

Uninsured adults were also less likely than those with insurance to have stayed overnight in a hospital or visited an emergency room during the past 12 months. However, they were much more likely than insured adults to take no prescription drugs on a regular basis.

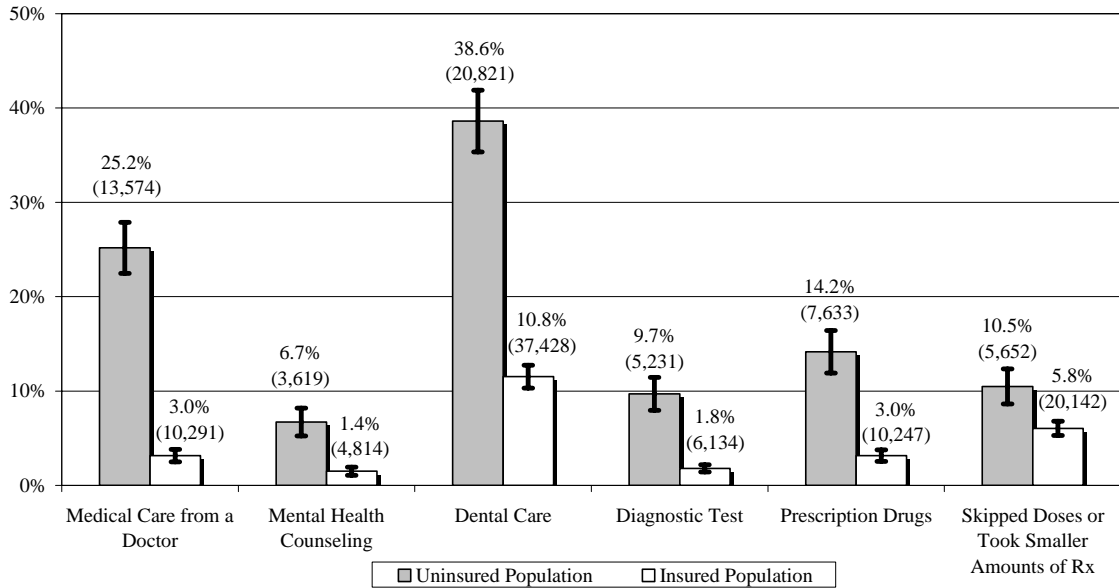
Figure 43
What Kind of Place Does Person Go When They Need Medical Attention
(Adults Age 18 to 64)



Data Source: 2005 Vermont Household Health Insurance Survey

Uninsured adults are more likely than those with insurance to have not gotten needed medical care, dental care, or prescription drugs because their family could not afford it. One quarter of uninsured adults did not seek needed care from a doctor, 39% did not seek needed dental care, 14% did not get needed prescription medications, and 10% skipped diagnostic tests.

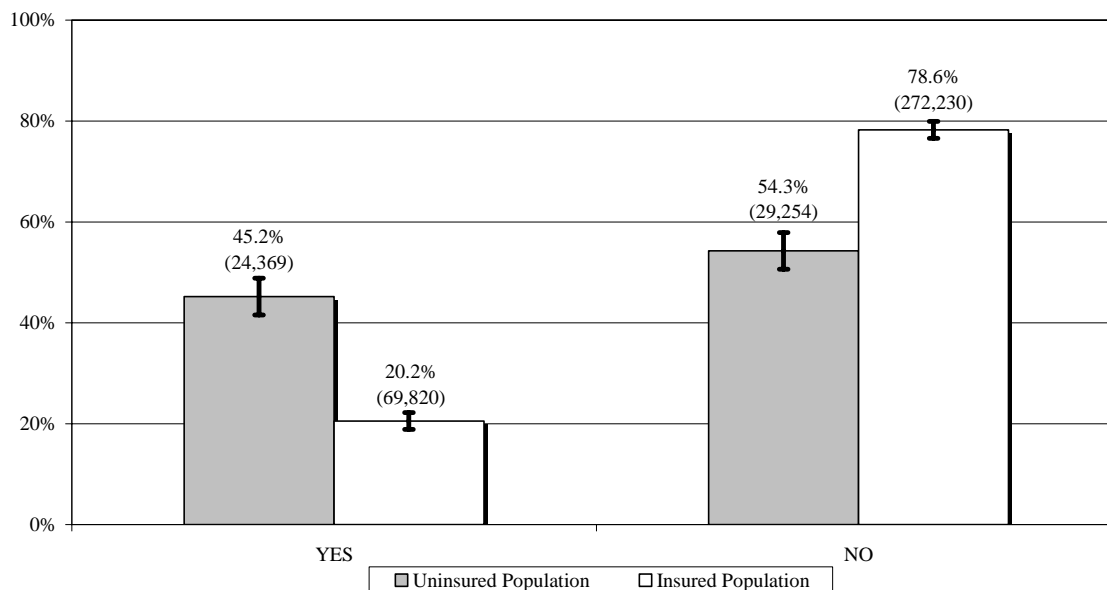
Figure 44
Was There a Time Person Needed Care but Could Not Get it
Because of the Cost?
(Percent Indicating 'Yes' - Adults Age 18 to 64)



Data Source: 2005 Vermont Household Health Insurance Survey

Aside from the potential impact of future health problems, families with uninsured adults are already experiencing a financial burden due to medical expenses. Almost half of these families report having problems paying medical bills and over one-third (36%) report they have been contacted during the past 12 months by a collection agency about a medical bill. Twelve percent live in a family that had to significantly change their lives in order to pay medical bills.

Figure 45
Were There Times that There Were Problems Paying for Medical Bills
for Anyone in Your Family?
(Adults Age 18 to 64)



Data Source: 2005 Vermont Household Health Insurance Survey

These adults are postponing care that may eventually lead to more serious health conditions. It is important to note that uninsured adults are significantly less likely to report that they have diabetes, high blood pressure, high cholesterol, and heart disease than insured adults ages 18 to 64. This does not suggest that they are healthier; rather, since they are less likely to seek medical care, these conditions have simply not been diagnosed.

There is a convergence of factors among the uninsured that have health care implications as well as possible financial burdens for the family. The potential costs, however, are significantly greater for adults given the larger number of uninsured adults (53,700 compared to 6,900 children) and the increased health care costs for providing medical care to adults (as opposed to children).

There are further cost implications for families with uninsured adults since early detection of conditions such as diabetes, high blood pressure, high cholesterol, and heart disease is an important factor in managing these conditions. It is also an indication that uninsured residents are postponing medical care. One implication is that these residents might delay getting care (especially preventive care) until health conditions become more serious rather than seeking care early on; thus, when they do seek medical care it is more expensive.

This also influences the overall cost of health care and has financial implications for the medical system in Vermont. Preventive (and other medical) care among uninsured adults is often delayed. When uninsured adults do seek care, they are more likely to use emergency or urgent care facilities and many lack the financial resources to pay for medical care. As a result, much of the potential cost for treatment will have to be absorbed by the healthcare system in Vermont.

G. Segment Analysis: The Uninsured Medicaid Eligible Population

An analysis was conducted to evaluate the characteristics of the uninsured population that might meet current eligibility requirements for enrollment in Medicaid, Dr. Dynasaur, or VHAP. The analysis first determined the percentage of uninsured residents that might meet requirements based upon their age, their family income, family assets, receipt of SSI, whether they have a disability, and prior insurance coverage. The criteria for defining a resident as eligible were provided to Market Decisions by the Department for Children and Families.

Key Findings

Medicaid Eligible Children age 0 to 17

- Nearly 80% of uninsured residents ages 0 to 17 meet current eligibility requirements for coverage through a Medicaid program. Most of these uninsured residents age 0 to 17 would be eligible for Dr. Dynasaur.

Demographic Characteristics

- Most uninsured Medicaid eligible children are male.
- Over 50% of uninsured Medicaid eligible children are ages 11 to 17.
- The largest percentages of uninsured Medicaid eligible children live in Windham, Rutland, and Chittenden Counties.
- Nearly half of uninsured Medicaid eligible children live in households with incomes between 100% and 199% of Federal Poverty Level.

Employment Characteristics of Parents

- Most adults in families with uninsured Medicaid eligible children work for pay. These parents tend to work full time and are employed by private companies or are self employed. More than six in ten work in the service and retail sectors.

Most of these working parents work for companies with fewer than 25 employees, though over 15% work for companies with 100 or more employees.

- Three in ten of these working parents in families with uninsured Medicaid eligible children indicate their employer offers some type of health insurance coverage. Among this small percentage most indicate that cost is a barrier to coverage through their employer.

Health Insurance Characteristics

- Nearly half of the uninsured Medicaid eligible children have been without health insurance for 12 months or less. Nearly one quarter has been without health insurance for over five years.
- Among uninsured Medicaid eligible children with some type of health insurance coverage during the past 12 months, nearly three quarters had prior coverage through the state Medicaid program.
- About 85% of residents who live in households with uninsured Medicaid eligible children are also uninsured.

Use of Medical Services and Cost

- About a third of uninsured Medicaid eligible children have not been to a health care professional in the last 12 months. About one-half have not seen a health care professional at least once in the last 12 months for routine visits or check-ups.
- A sizeable percentage of uninsured Medicaid eligible children did not receive medical care because of the cost of that care. This includes over 3% of who needed medical care from a doctor, over 3% of who needed mental health care or counseling, over 25% of Medicaid eligible children who needed dental care, about 2% of Medicaid eligible children who needed a diagnostic test, 7% of Medicaid eligible children who needed prescription medicines but did not receive those medications, and about 3% of them had to skip doses or took smaller amounts of their prescription in order to make them last longer.
- Among families with uninsured Medicaid eligible children, 58% report that they have had problems paying for medical bills for someone in the family and about 46% report that someone in the family had been contacted by a collection agency about owing money for unpaid medical bills. Over 77% are somewhat or very concerned about being able to afford prescription medicines.

Knowledge of and Interest in State Medicaid Program

- Most families with uninsured Medicaid eligible children are at least somewhat knowledgeable of the state Medicaid program.
- Nearly 70% of families with uninsured Medicaid eligible children are very interested in enrolling these children in the state Medicaid program; however, over half believe they would not meet eligibility requirements for enrolling in the state Medicaid program.

Medicaid Eligible Adults age 18 to 64

- Nearly 50% of uninsured residents ages 18 to 64 meet current eligibility requirements for coverage through the Medicaid program. Most of these adults would be eligible for VHAP.

Demographic Characteristics

- Nearly 60% of uninsured Medicaid eligible adults ages 18 to 64 are male.
- The largest percentages of uninsured Medicaid eligible adults are 18 to 24 years of age. Over half are between the ages of 25 and 49.
- The largest percentages of uninsured Medicaid eligible adults reside in Chittenden, Rutland, and Windham Counties.
- Nearly 60% of uninsured Medicaid eligible adults ages 18 to 64 have family incomes less than 100% of the Federal Poverty Level.

Employment Characteristics

- Nearly eight in ten uninsured Medicaid eligible adults ages 18 to 64 work for pay. These working adults tend to work full time and are employed by mainly private companies. Most work in the service or retail sectors. Most work for firms with 25 or fewer employees, though over 20% works for firms with 100 or more employees.
- Nearly 40% of the working uninsured adults eligible for Medicaid indicate their employer offers some type of health insurance. Among this small percentage most indicate that cost is a barrier to coverage through their employer.

Health Insurance Characteristics

- One-third of uninsured Medicaid eligible adults have been without health insurance for 12 months or less, while about 3 out of every 10 have been without health insurance for more than 5 years.
- Among uninsured Medicaid eligible adults with some type of health insurance coverage during the past 12 months, nearly six in ten had prior coverage through an employer offered health insurance program. Most of these adults reported the cost was the reason for the loss of coverage. About 40% of uninsured Medicaid eligible adults with prior coverage during the past year reported this coverage was provided through the state Medicaid program.
- About 7 out of every 10 residents in families with uninsured Medicaid eligible adults are also uninsured.

Use of Medical Services and Cost

- Over 40% of Medicaid eligible adults have not been to a health care professional in the last 12 months. About three-quarters did not see a health care professional for routine visits or check-ups during the past 12 months.
- A sizeable percentage of uninsured Medicaid eligible adults did not receive medical care because of the cost of that care. This includes about a quarter that needed medical care from a doctor, about 6% of that needed mental health care or counseling, about 40% of that needed dental care, about 9% that needed a diagnostic test, about 17% that needed prescription medicines but did not receive these medicines, and about 10% of them took smaller amounts or skipped doses of a prescription medicine to make it last longer.
- Among families with uninsured Medicaid eligible adults, 50% report that they have had problems paying for medical bills for someone in the family and about 36% report that someone in the family had been contacted by a collection agency about owing money for unpaid medical bills. About two-thirds are somewhat or very concerned about being able to afford prescription medicines.

Knowledge of and Interest in State Medicaid Program

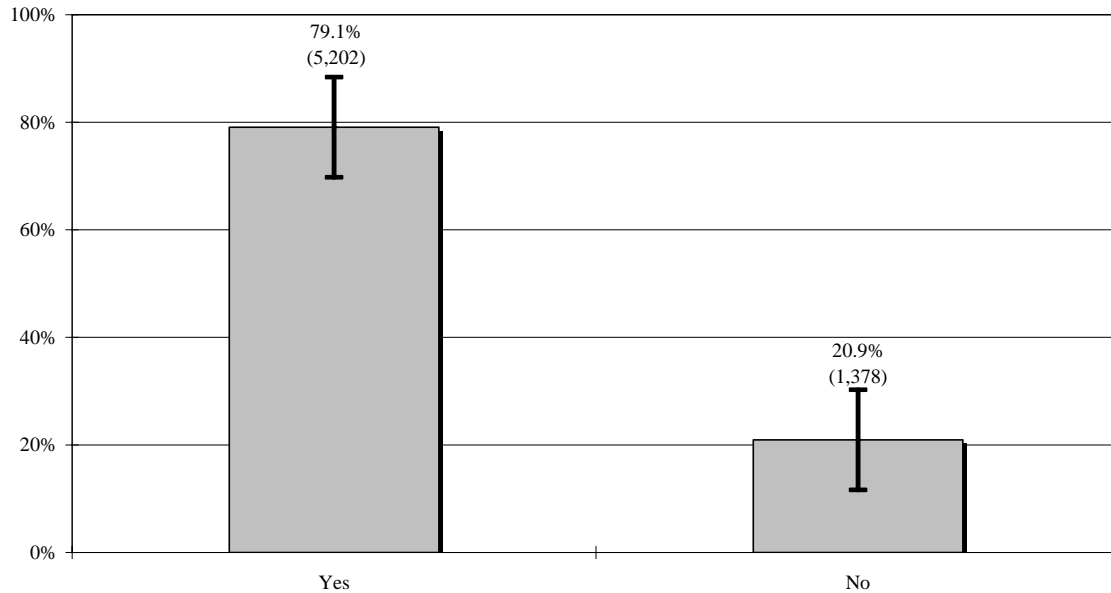
- Most families with an uninsured adult eligible for Medicaid are at least somewhat knowledgeable about the state Medicaid program.
- Two-thirds of families with uninsured Medicaid eligible adults are very interested in enrolling these adults in the state Medicaid program.

Summary and Discussion

Uninsured Medicaid Eligible Children Under 18

Currently in Vermont, five percent of children under the age of 18 are uninsured. Among this group, 79.1% meet the current eligibility requirements for health insurance coverage through the state’s Medicaid program. This represents approximately 5,200 Vermont children. Nearly two-thirds (65.9%) of uninsured children are eligible for coverage through the state’s Dr. Dynasaur program while 13.2% of uninsured children are eligible for coverage through traditional Medicaid.

Figure 46
Is Uninsured Child Eligible for Any Medicaid Program?
(Uninsured Residents Age 0 to 17)



Data Source: 2005 Vermont Household Health Insurance Survey

Demographic Characteristics

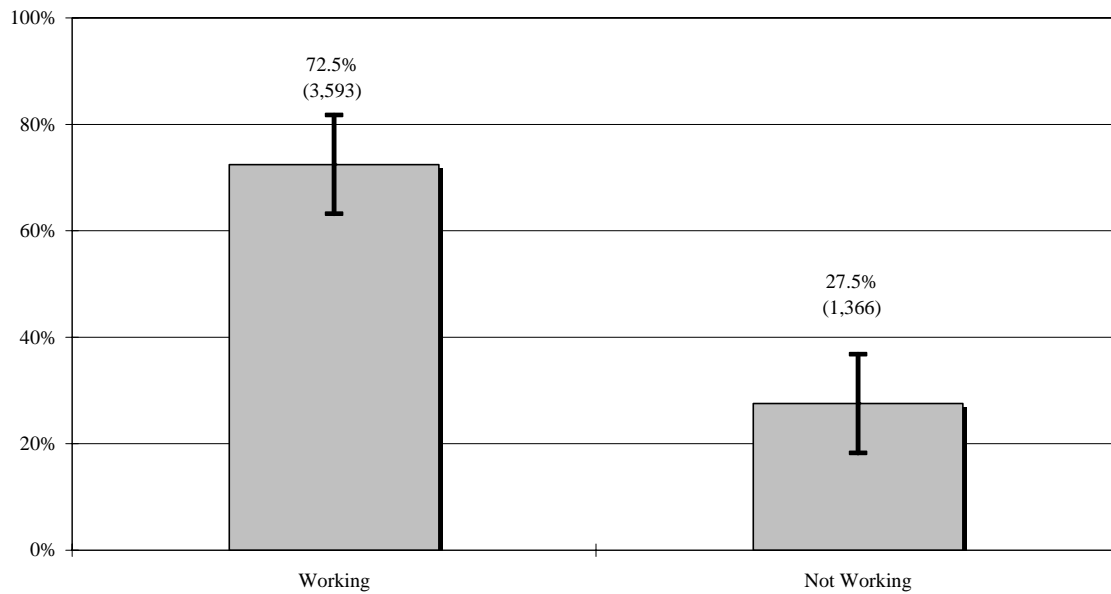
Most of these uninsured Medicaid eligible children are male (60.4%) and 56% are between the ages of 11 and 17. While uninsured Medicaid eligible children can be found in every Vermont County, the largest concentrations occur in Windham, Rutland, and Chittenden Counties with 47.6% of the uninsured Medicaid eligible children residing in these three counties. Over one in five (22.8%) live in households whose incomes fall below federal poverty level. Another 46.2% of uninsured Medicaid eligible children

reside in households whose incomes fall between 100% and 199% of federal poverty level.

Employment Characteristics of Parents

Most of Vermont’s uninsured Medicaid eligible children (72.5%) live in a household with at least one working adult. These adults typically work full time and are primarily employed by private companies or are self employed. Over eight in ten (83.3%) of these working adults are employed by a company in the retail or service sectors. More than half of these working adults (57.1%) are employed by companies with 25 or fewer employees though 15.9% are employed by companies with 100 or more employees.

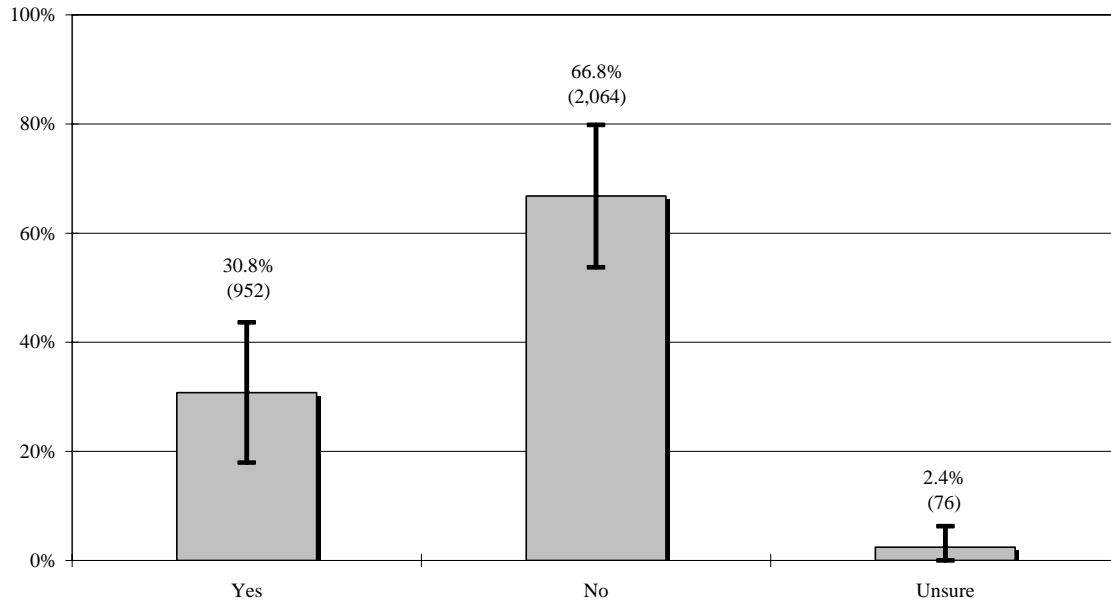
Figure 47
Uninsured Medicaid Eligible Population by Employment Status of Household Adults
(Adults in Households with Uninsured Children Age 0 to 17)



Data Source: 2005 Vermont Household Health Insurance Survey

Most of the uninsured Medicaid eligible children do not have access to employer based health insurance coverage through their parents. Among the working adults in families with uninsured Medicaid eligible children, only 30.8% indicate that their employer offers any type of health insurance coverage to their employees. Thus, only 22% of the uninsured Medicaid eligible population might potentially have an option for health insurance coverage through an employer in Vermont.

Figure 48
Medicaid Eligible Population by Whether Employer Offers Insurance
(Employed Adults in Households Without Insurance Through a Current Employer
With Uninsured Children Age 0 to 17)



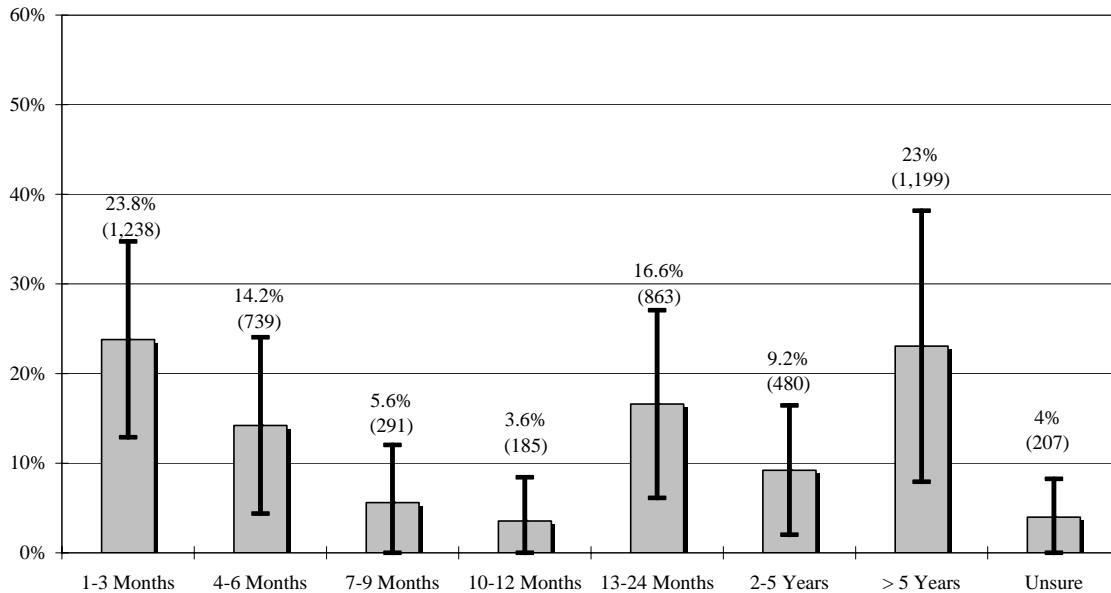
Data Source: 2005 Vermont Household Health Insurance Survey

Even among those cases where an uninsured Medicaid eligible child may have an option for health insurance coverage through a parents employer, there are still barriers to such insurance. The reasons cited by the 30.8% of employed adults in families with such children for not taking coverage through their employer include the cost (51.9% of those whose employers offer health insurance), that they haven't worked at their current job long enough (23.8%), and they work too few hours (10.4%), among other reasons.

Health Insurance Characteristics

Nearly half of the uninsured Medicaid eligible children (47%) have been without health insurance for 12 months or less. Among these children, nearly three quarters had prior health insurance coverage through the state's Medicaid program at some time during the past 12 months. Nearly one quarter of the uninsured Medicaid children in Vermont have been without health insurance coverage for five or more years.

Figure 49
How Long has Person been Without Health Insurance?
(Medicaid Eligible Children Age 0 to 17)



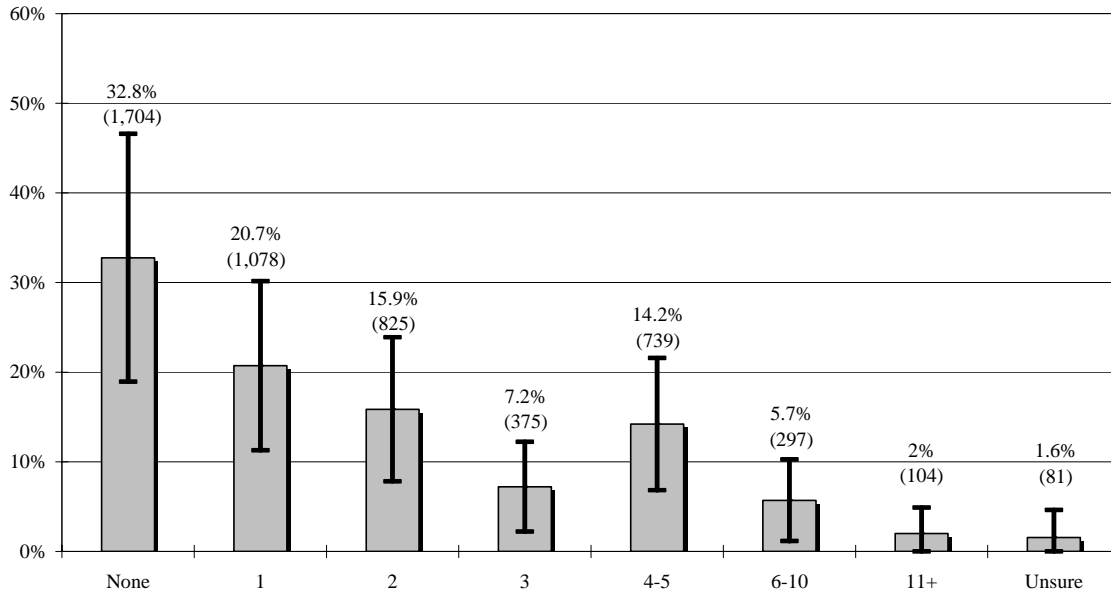
Data Source: 2005 Vermont Household Health Insurance Survey

Uninsured Medicaid eligible children tend to live in households where most members are also without health insurance. When looking at the families of uninsured Medicaid eligible children, we find that 85.1% are also uninsured. Some 7.6% of these family members are covered by private health insurance and another 7.2% have coverage provided through the state Medicaid program.

Use of Medical Services and Cost

The cost of medical care is deterring families from seeking medical care for uninsured Medicaid eligible children. A large percentage of uninsured Medicaid eligible children did not receive medical care during the past year. Almost one-third of these children (32.8%) did not see a doctor or other health care professional at any time during the past 12 months. In comparison only 7.3% of insured children did not see a health care professional at any time during the past 12 months. About half of the uninsured Medicaid (48.2%) children did not see a doctor for routine care or a check-up at any time during the past 12 months.

Figure 50
How Many Times did Person See A Health Care Professional?
(Medicaid Eligible Children Age 0 to 17)

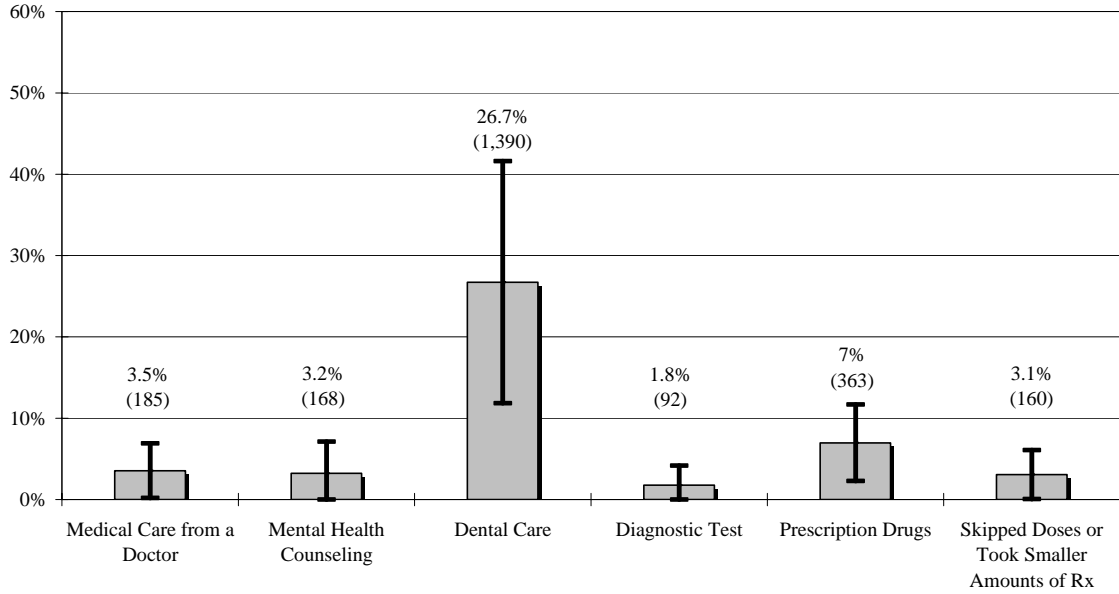


Data Source: 2005 Vermont Household Health Insurance Survey

Cost represents a greater barrier to medical care to uninsured Medicaid eligible children in Vermont than it does to children with some type of health insurance; in fact, many families report having to defer care for these children due to the cost of that care. While only a small percentage did not receive needed medical care from a doctor (3.5%) or needed prescription medications (7%), over 25% did not receive needed dental care.

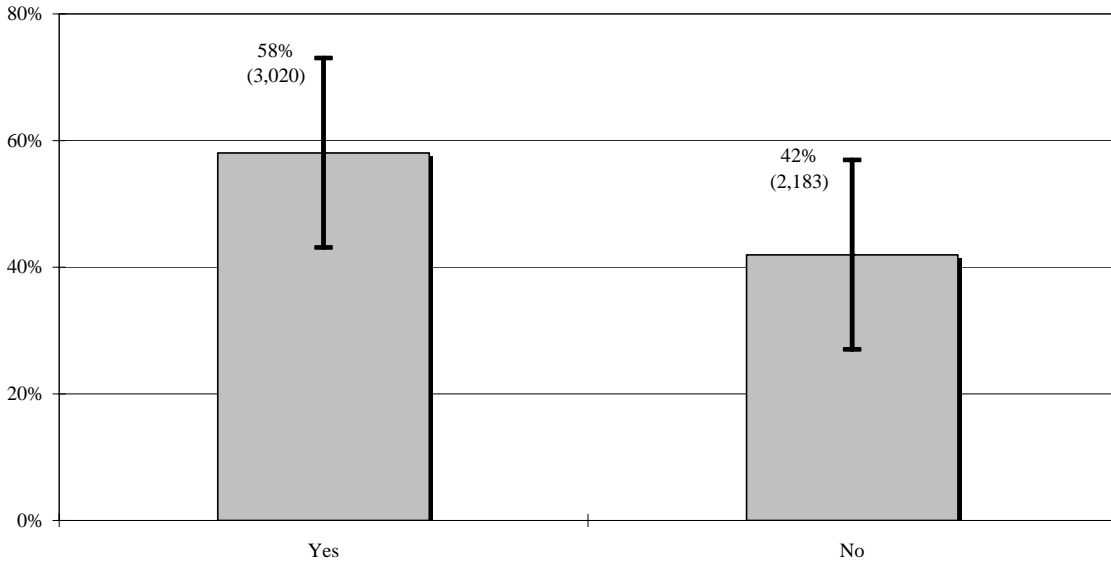
Further, the lack of insurance coverage is placing a financial burden on families with uninsured Medicaid eligible children. Some 58% report problems paying medical bills and 46.1% report the family had been contacted by a collection agency about unpaid medical bills. There is also concern among families with uninsured Medicaid eligible children about their ability to afford prescription medications. Some 49% of these families indicate they are very concerned about their ability to afford prescription medications and another 28.3% indicate they are somewhat concerned.

Figure 51
Was There a Time Person Needed Care but Could Not Get It Because of the Cost?
(Medicaid Eligible Children Age 0 to 17)



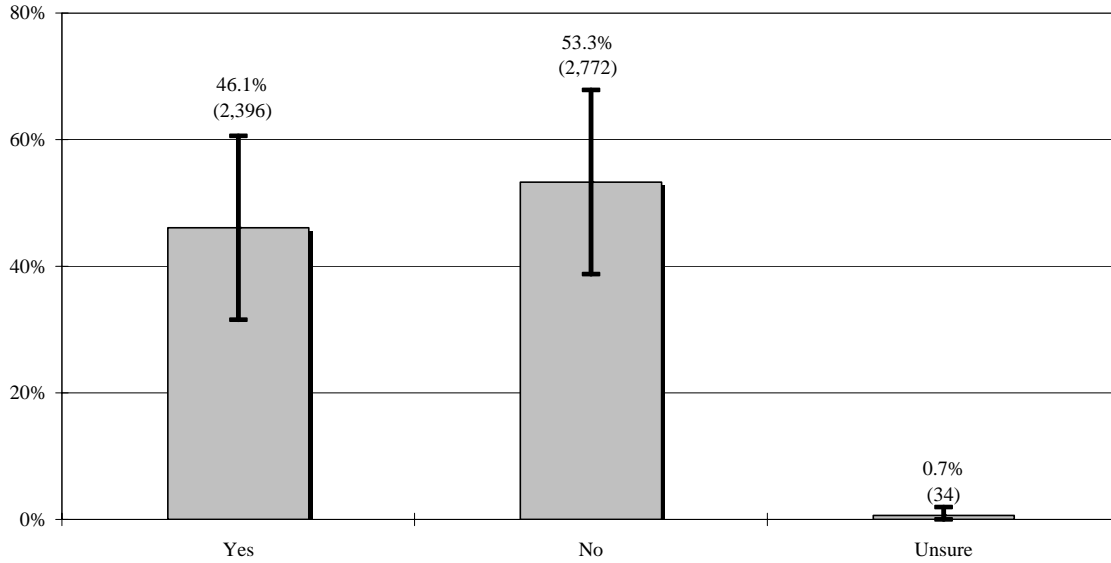
Data Source: 2005 Vermont Household Health Insurance Survey

Figure 52
Were There Times That There Were Problems Paying for Medical Bills for Anyone in Your Family?
(Medicaid Eligible Children Age 0 to 17)



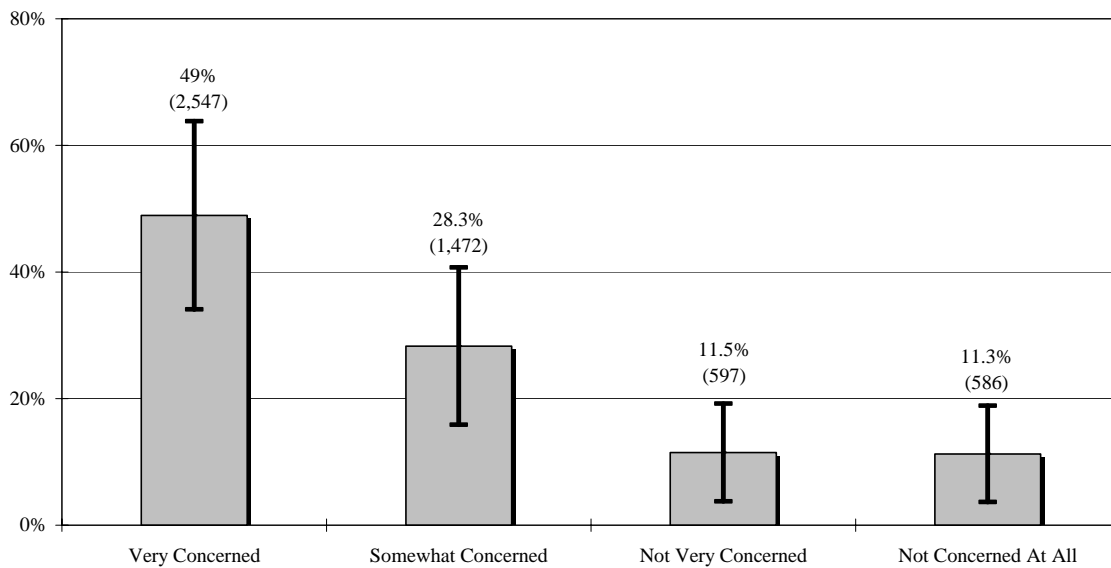
Data Source: 2005 Vermont Household Health Insurance Survey

Figure 53
Was Anyone in Your Family Contacted by a Collection Agency about Owing Money for Unpaid Medical Bills?
(Medicaid Eligible Children Age 0 to 17)



Data Source: 2005 Vermont Household Health Insurance Survey

Figure 54
To What Extent are You Concerned About Being Able to Afford Prescription Medicines?
(Medicaid Eligible Children Age 0 to 17)

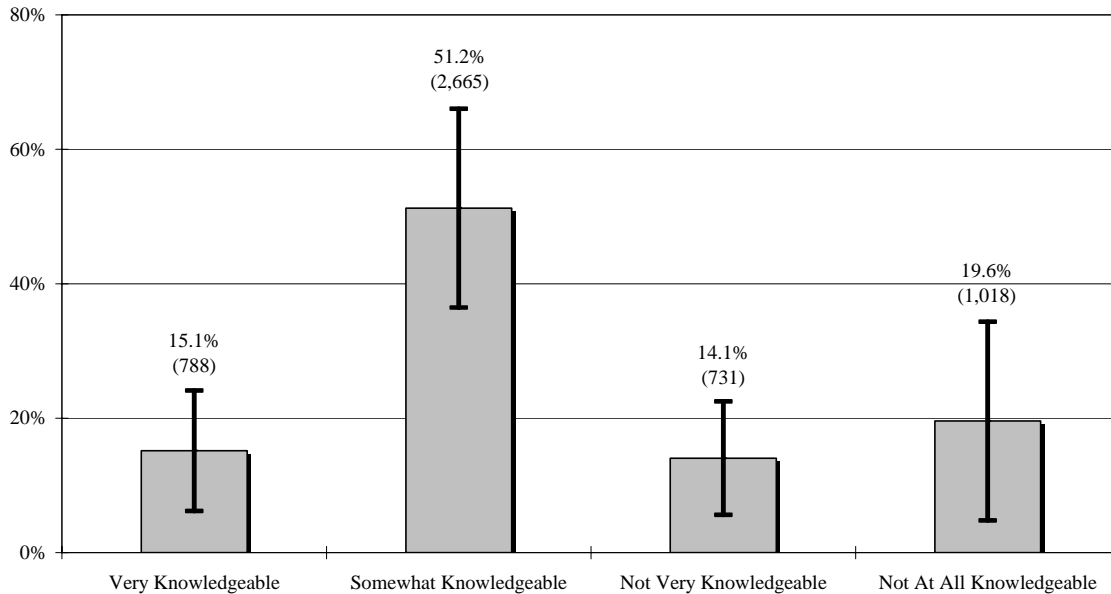


Data Source: 2005 Vermont Household Health Insurance Survey

Knowledge of and Interest in State Medicaid Program

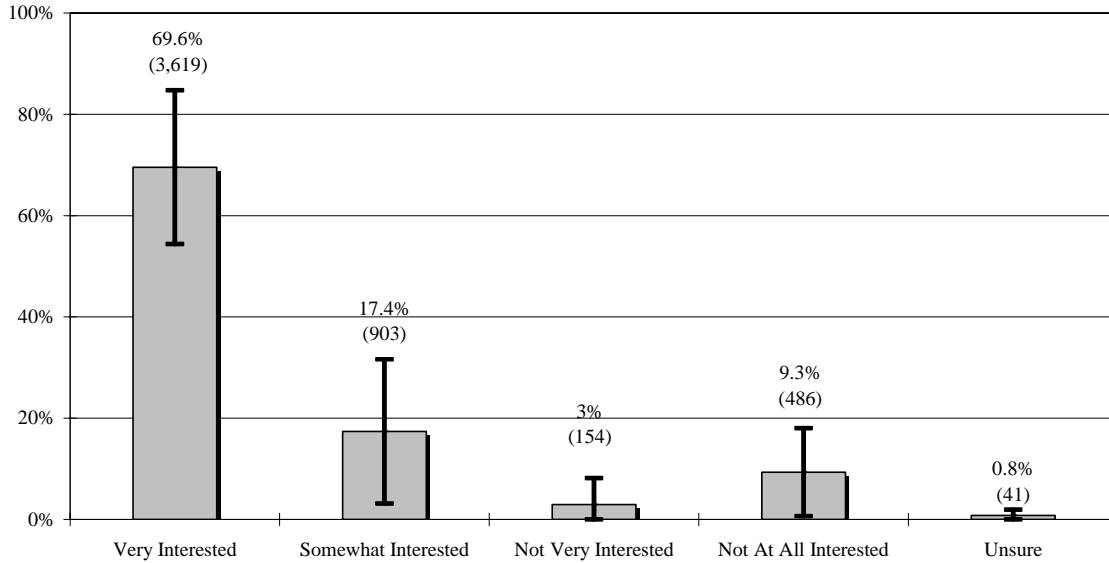
Among families with uninsured Medicaid eligible children, most are at least somewhat familiar with the state's Medicaid program. Among families with one or more uninsured Medicaid eligible children, 15.1% indicate they are very knowledgeable about the state Medicaid program while 51.2% indicate they are at least somewhat knowledgeable. Members of these families expressed an interest in enrolling these children in the state Medicaid program, though many believe that their children would not be eligible. Nearly 70% of these families are very interested in enrolling these children in the state's Medicaid program and another 17.4% indicated they would be somewhat interested in enrolling their children in the state Medicaid program; however, information seems to be a barrier. Many families with uninsured Medicaid eligible children feel their children would not meet eligibility requirements. When asked why these uninsured Medicaid eligible children were not currently enrolled in the state Medicaid program, 54.8% indicated their child was probably not eligible for coverage through the state Medicaid program. Another 14.9% indicated they simply were not familiar with the program and 12.3% felt there would be too much paperwork involved in enrolling their children in the program.

Figure 55
How Knowledgeable are You About the State Medicaid Program?
(Families with Medicaid Eligible Children Age 0 to 17)



Data Source: 2005 Vermont Household Health Insurance Survey

Figure 56
How Much Interest Would There be in Enrolling the Uninsured Members of the Household in the State Medicaid Program?
(Families with Uninsured Medicaid Eligible Children Age 0 to 17)



Data Source: 2005 Vermont Household Health Insurance Survey

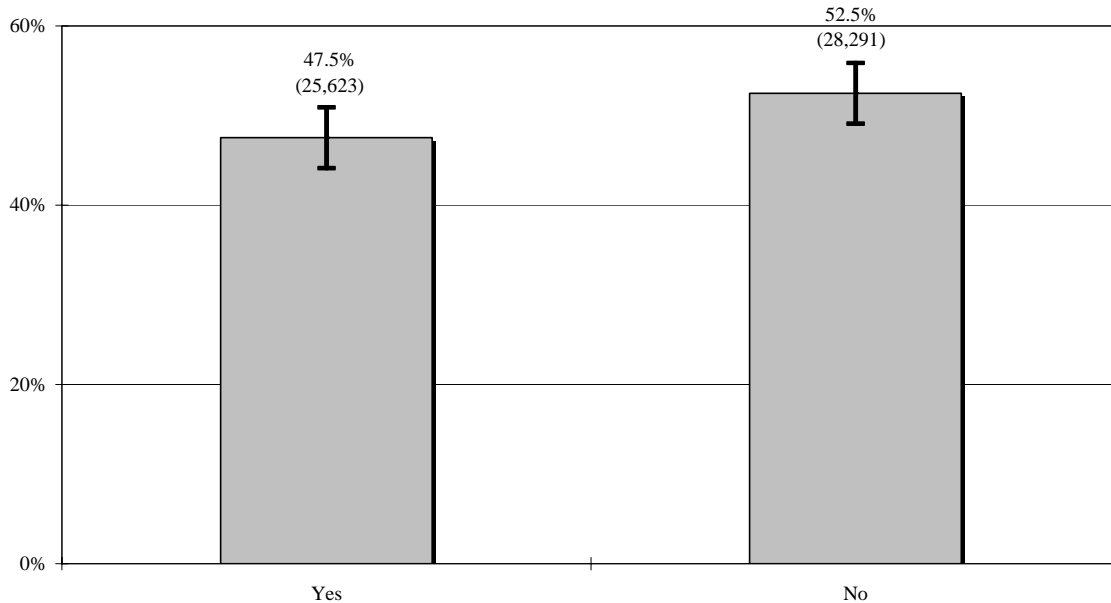
Table 13
What Are the Reasons that the Uninsured Members of the Family Have Not Enrolled in the State Medicaid Program?

Reason	%
Probably not eligible	54.8%
Not familiar with the Medicaid program	14.9%
Too much trouble/paperwork	12.3%
Have applied	7.3%
Cost too much	4.3%
Don't want to be on public assistance	3.3%
Don't want or need health insurance	2.2%
Rarely sick	1.2%
Don't know where or how to apply	0.6%
Other	4.9%
Unsure	0.3%

Uninsured Medicaid Eligible Adults Age 18 to 64

Currently in Vermont, 13.4% percent of adults age 18 to 64 are uninsured. Among this group, 47.5% meet the current eligibility requirements for health insurance coverage through the state's Medicaid program. This represents approximately 25,600 Vermont adults between the ages of 18 and 64. Nearly 40% of uninsured adults in Vermont (39.6%) are eligible for coverage through the VHAP program. Another 7.9% of uninsured adults age 18 to 64 are eligible for coverage through traditional Medicaid.

Figure 57
Is Uninsured Adult Eligible for Any Medicaid Program?
(Uninsured Residents Age 18 to 64)



Data Source: 2005 Vermont Household Health Insurance Survey

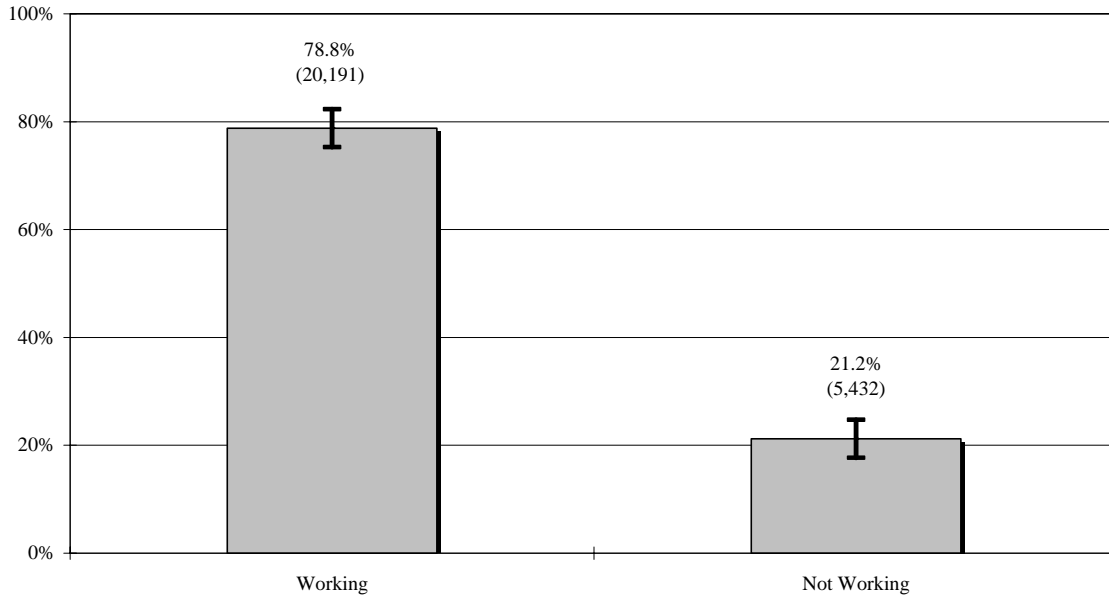
Demographic Characteristics

Nearly 60% of uninsured Medicaid eligible adults are male. While 53.9% of the uninsured Medicaid eligible adults are between the ages of 25 and 49, a large percentage (38.1%) is between the ages of 18 and 24. Uninsured Medicaid eligible adults live in all 14 Vermont counties, but the largest percentages occur in Chittenden, Rutland, and Windham counties. Nearly six in ten (58.7%) uninsured Medicaid eligible adults live in households whose income is less than 100% of the Federal Poverty Level.

Employment Characteristics

Nearly 80% of Vermont’s uninsured Medicaid eligible adults currently work for pay. These adults typically work full time with only 25.1% working less than 35 hour a week. Over seven in ten (70.9%) work for private companies while 15.3% are self employed. Most of the employed uninsured Medicaid eligible adults work in the service sector (56.7%) or retail (23.4%). More than half of these adults (52.1%) are employed by companies with 25 or fewer employees, though some 22.1% of these employed uninsured Medicaid eligible adults work for companies with 100 or more employees.

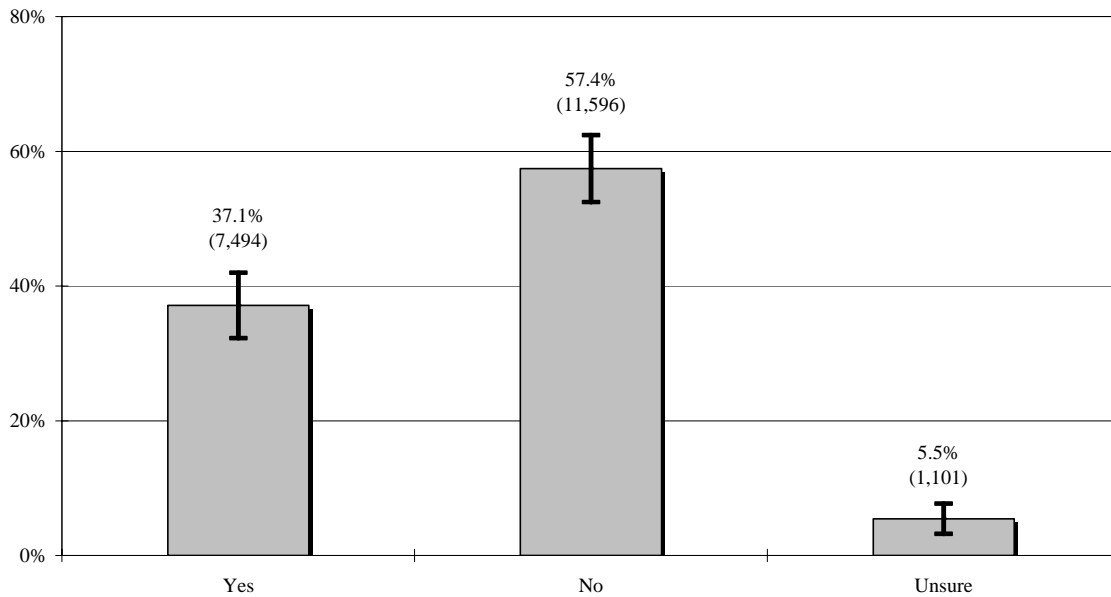
Figure 58
Uninsured Medicaid Eligible Population by Employment Status
(Adults Age 18 to 64)



Data Source: 2005 Vermont Household Health Insurance Survey

Most of the uninsured Medicaid eligible adults do not have access to employer based health insurance coverage. Among these working adults, only 37.1% indicate that their employer offers any type of health insurance coverage to their employees; thus, only 29% of uninsured Medicaid eligible adults might potentially have an option for health insurance coverage through an employer in Vermont.

Figure 59
Uninsured Medicaid Eligible Population by Whether Employer Offers Insurance
(Employed Adults Age 18 to 64)



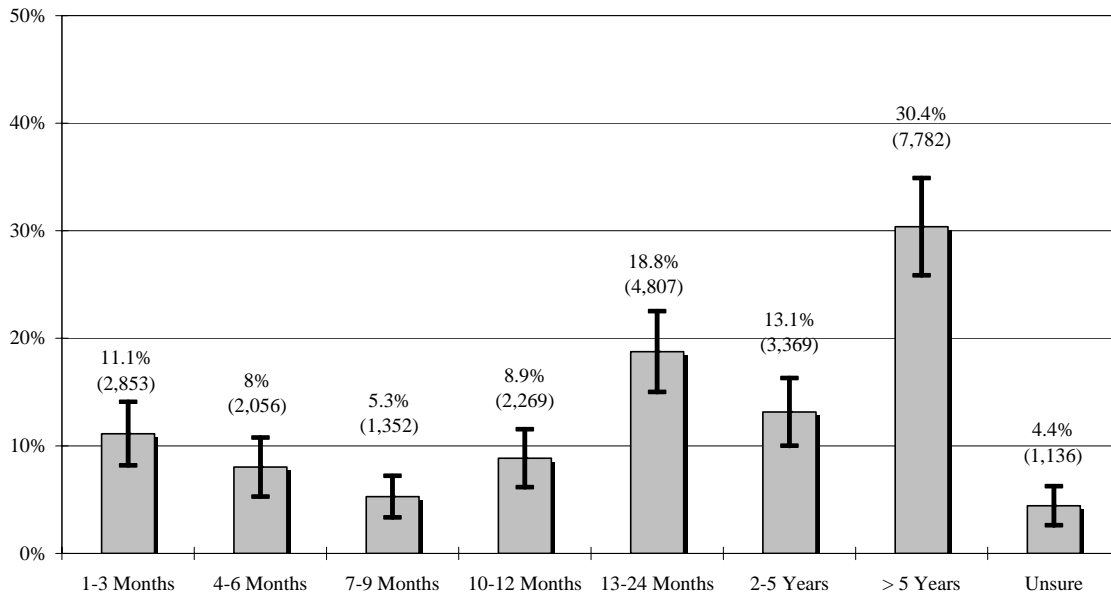
Data Source: 2005 Vermont Household Health Insurance Survey

Health Insurance Characteristics

One-third of uninsured Medicaid eligible adults have been without health insurance for 12 months or less. Among these adults, over half (55.9%) had prior coverage through an employer and another 38.5% had coverage through Vermont’s Medicaid programs. Thirty percent of uninsured Medicaid adults have lacked health insurance coverage for five or more years.

Uninsured Medicaid eligible adults tend to live in households where most members are also without health insurance. When looking at the families of uninsured Medicaid eligible adults, 72.6% of all members in these families are uninsured. Some 19.9% of these family members are covered through the state’s Medicaid program and another 6.1% have private health insurance coverage.

Figure 60
How Long has Person Been Without Health Insurance?
(Medicaid Eligible Adults Age 18 to 64)



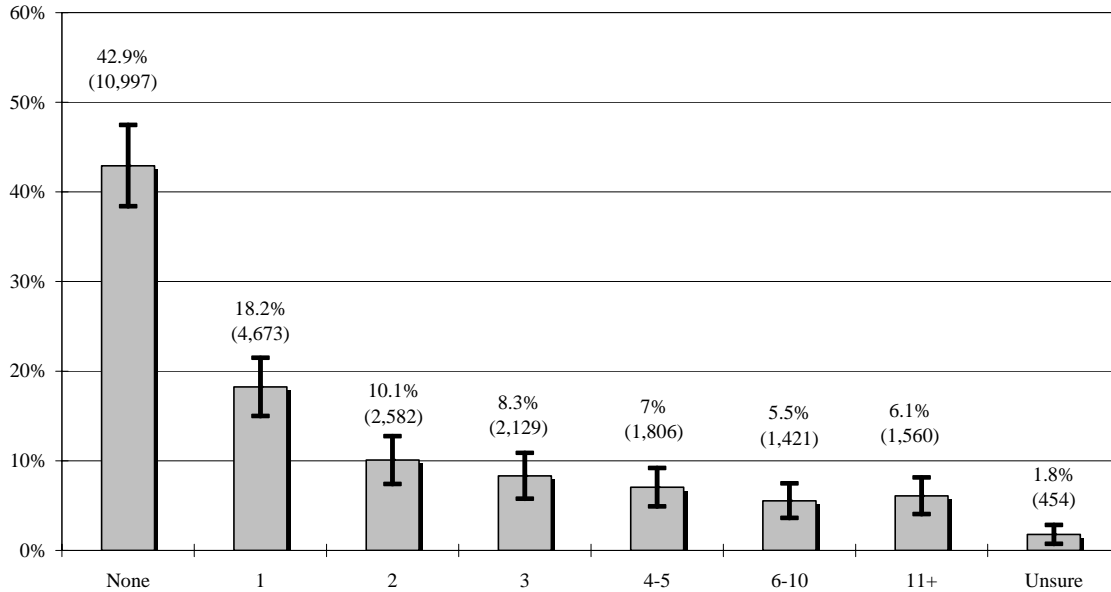
Data Source: 2005 Vermont Household Health Insurance Survey

Use of Medical Services and Cost

The cost of medical care is deterring uninsured Medicaid eligible adults from seeking medical care. A large percentage of uninsured Medicaid eligible adults did not receive medical care at any time during the past year. Some 42.9% of uninsured Medicaid eligible adults reported they did not see a doctor or health care professional at any time during the past 12 months. In comparison, only 12.7% of insured adults age 18 to 64 reported they had not visited a doctor or other health care professional at any time during the past 12 months. Seventy-four percent of uninsured Medicaid eligible adults reported they did not see a doctor for routine care or a check-up at any time during the past 12 months.

Cost is preventing many uninsured Medicaid eligible adults from seeking needed medical care. Over one-quarter of uninsured Medicaid eligible adults (26.9%) did not get needed medical care from a doctor at some time during the past 12 months due to the cost of that care. Over four in ten (40.9%) did not get needed dental care due to the cost. Seventeen percent of uninsured Medicaid eligible adults reported they did not get required prescription medications and another 9.8% skipped doses or took smaller amounts of their prescription medications due the cost. Smaller percentages delayed getting needed diagnostic tests (9%) and mental health counseling (6.4%).

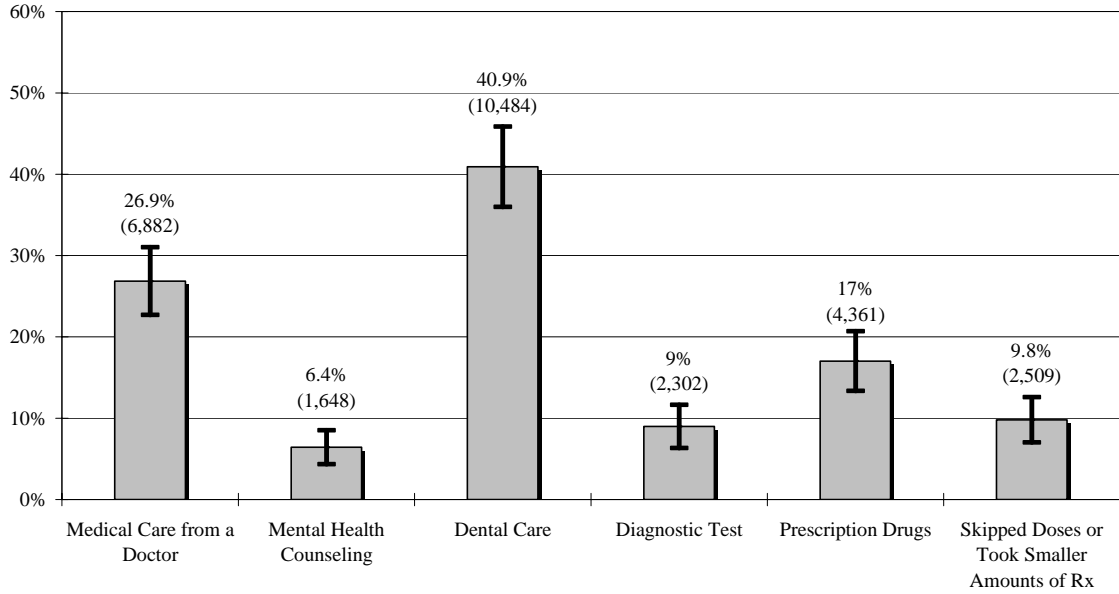
Figure 61
How Many Times did Person See a Health Care Professional?
(Medicaid Eligible Adults Age 18 to 64)



Data Source: 2005 Vermont Household Health Insurance Survey

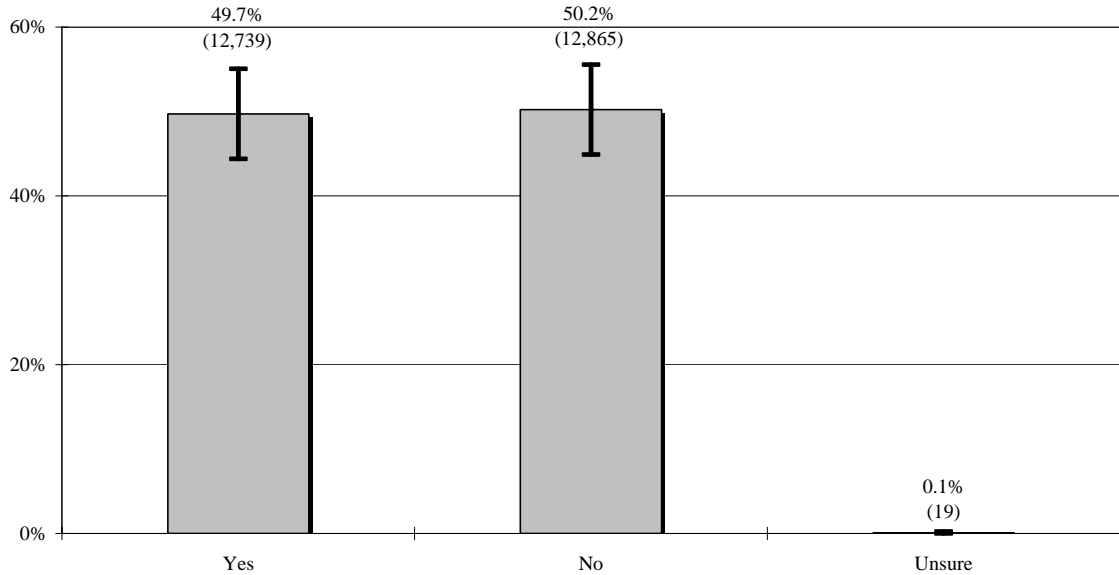
The lack of health insurance is imposing a financial burden on families with uninsured Medicaid eligible adults. Nearly half of these families (49.7%) indicated there were times during the past 12 months that their family had difficulties paying medical bills. Over one-third (36.2%) indicated their family had been contacted by a collection agency during the past 12 months about unpaid medical bills. Families with uninsured Medicaid eligible adults also express concern about the ability to afford prescription medications; 39.3% are very concerned and another 26.5% are somewhat concerned about their ability to afford prescription medications in the future.

Figure 62
Was There a Time Person Needed Care but Could Not Get It Because of the Cost?
(Medicaid Eligible Adults Age 18 to 64)



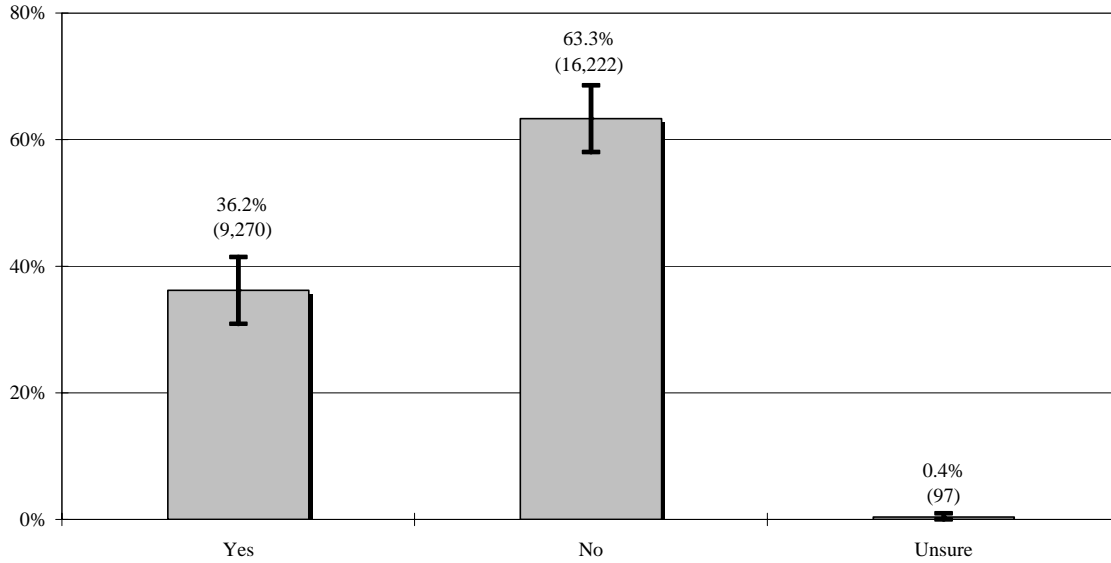
Data Source: 2005 Vermont Household Health Insurance Survey

Figure 63
Were There Times that There Were Problems Paying for Medical Bills for Anyone in Your Family?
(Medicaid Eligible Adults Age 18 to 64)



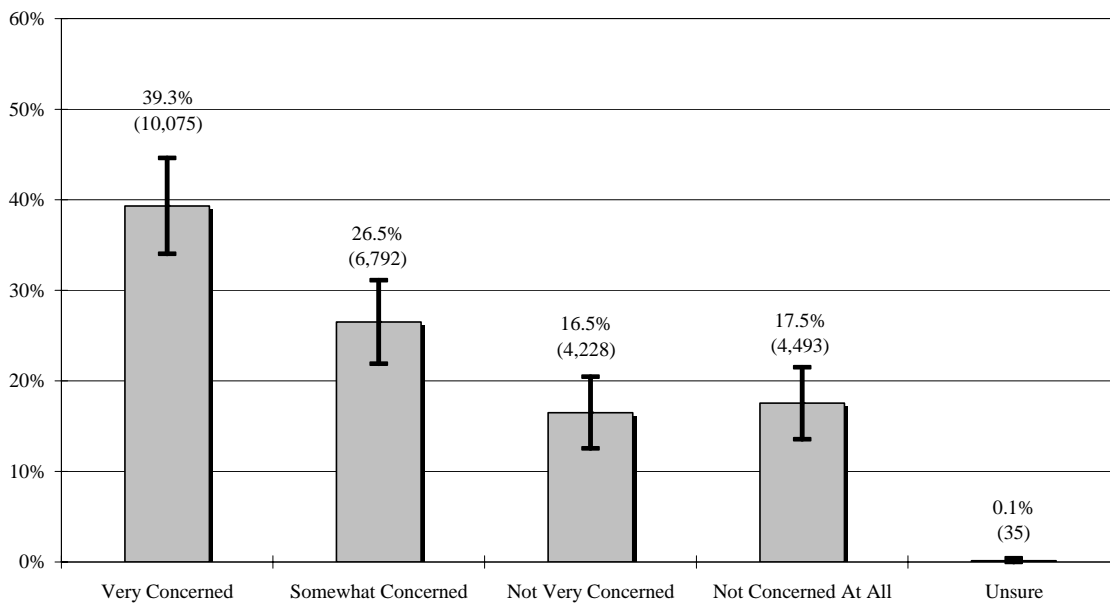
Data Source: 2005 Vermont Household Health Insurance Survey

Figure 64
Was Anyone in Your Family Contacted by a Collection Agency about Owing Money for Unpaid Medical Bills?
(Medicaid Eligible Adults Age 18 to 64)



Data Source: 2005 Vermont Household Health Insurance Survey

Figure 65
To What Extent are You Concerned about Being Able to Afford Prescription Medicines?
(Medicaid Eligible Adults Age 18 to 64)



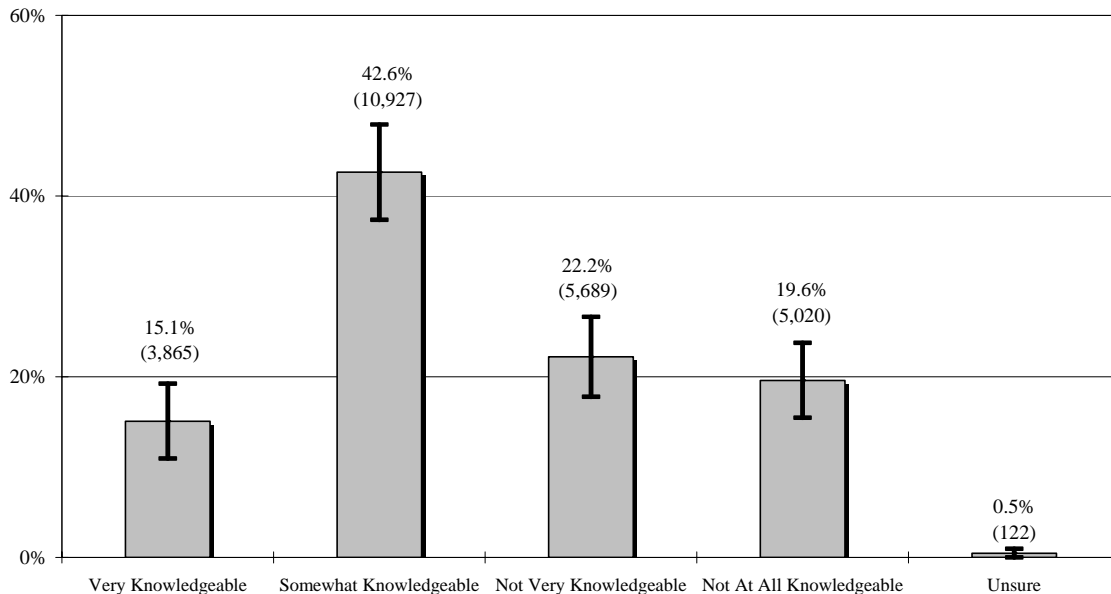
Data Source: 2005 Vermont Household Health Insurance Survey

Knowledge of and Interest in the State Medicaid Program

Among families with uninsured Medicaid eligible adults, most are at least somewhat familiar with the state's Medicaid program. Among families with one or more uninsured Medicaid eligible adults, 15.1% indicate they are very knowledgeable about the state Medicaid program while 42.6% indicate they are at least somewhat knowledgeable. As with families with uninsured Medicaid children, there is significant interest in enrolling in the state Medicaid program among uninsured Medicaid eligible adults. Two-thirds of these adults are very interested in enrolling in the state's Medicaid program and another 19.9% indicated they would be somewhat interested in enrolling their children in the state Medicaid program.

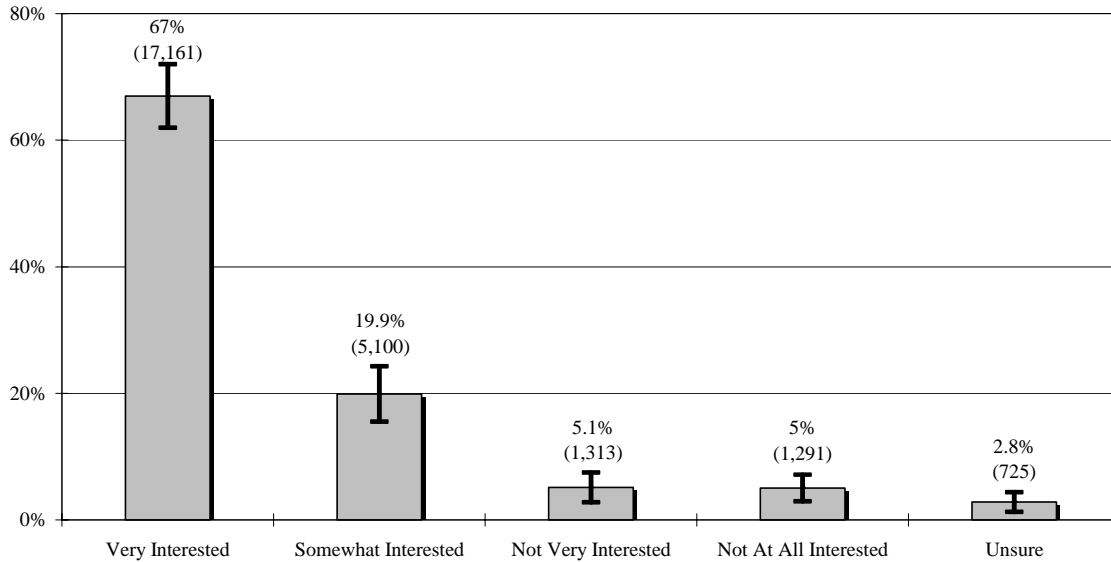
The population of uninsured Medicaid eligible adults appears to have some misconceptions about the state Medicaid program. Most of these uninsured Medicaid eligible adults believe they would not meet the eligibility requirements for enrollment in the state Medicaid program with 57.1% of these adults indicating they would probably not be eligible. Another 8.4% felt there would be too much paperwork. Information about the program also seems to be a barrier to enrollment. A small percentage were not familiar with the state Medicaid program (14.1%) and another 6.2% indicated they didn't know where or how to apply. Six percent believe that enrollment in the state Medicaid program would cost too much.

Figure 66
How Knowledgeable Are You About the State Medicaid Program?
(Families with Medicaid Eligible Adults Age 18 to 64)



Data Source: 2005 Vermont Household Health Insurance Survey

Figure 67
How Much Interest Would There be in Enrolling the Uninsured Members of the Household in the State Medicaid Program?
(Families with Uninsured Medicaid Eligible Adults Age 18 to 64)



Data Source: 2005 Vermont Household Health Insurance Survey

Table 14
What are the Reasons that the Uninsured Members of the Family Have Not Enrolled in the State Medicaid Program?

Reason	%
Probably not eligible	57.1%
Not familiar with the Medicaid program	14.1%
Too much trouble/paperwork	8.4%
Don't know where or how to apply	6.2%
Cost too much	6.2%
Don't want to be on public assistance	4.3%
Have applied	3.0%
Don't want or need health insurance	2.2%
Rarely sick	1.8%
Other	3.1%
Unsure	5.4%

Discussion

Uninsured Medicaid Eligible Children

Many state sponsored health insurance programs are effective at providing health insurance coverage to residents under the age of 18. Vermont is no exception to this, with an uninsured rate for this population of only 4.9% (or approximately 6,950 children); however, most of these children, nearly 80% or approximately 5,200 children, would currently meet the qualifications for coverage through the state's Medicaid program. As with children, the Vermont state Medicaid program has been effective in providing coverage to adults age 18-64. Among Vermont residents ages 18 to 64, 13% currently lack any type of health insurance coverage, approximately 53,700 adults; but over half of these uninsured adults or approximately 25,600 residents meet eligibility requirements for enrollment in the state Medicaid program. The survey results present some important topics for consideration about the uninsured Medicaid eligible population in Vermont:

Lapsing Medicaid Coverage Among Children

As indicated, nearly half of the uninsured Medicaid eligible children (47%) have been without health insurance for 12 months or less. Among these 47%, nearly three quarters (74%) indicate prior coverage through the state's Medicaid program. This represents 35% of the uninsured children currently eligible for coverage through the state's Medicaid program. Among over one-third of the uninsured Medicaid eligible children Medicaid coverage was simply allowed to lapse. The reason why such a large percentage of these children just lose coverage is not clear, but it may be simply related to the actual need for medical care and use of medical services. That is, the insurance may be allowed to lapse because there isn't a perceived need for medical care. Without the urgency of medical care, perhaps some parents simply do not keep their child's enrollment current.

The perceived need for medical care may be related to the age of the child. There may not be the perceived need to take older children to the doctor, as is the case among younger children. By age, most uninsured Medicaid eligible children fall between the ages of 11 and 17. Families may not be renewing coverage through the state Medicaid program for these older children (even though they are eligible) because of less frequent trips to health care providers. Younger children tend to visit doctors and other health care providers more frequently for immunizations, well care visits, and for common conditions like colds. As these children age, visits may become less frequent and the perceived need for health insurance coverage may decrease as well. This suggests that the visits to health care providers themselves may serve as a key prompt to remind parents to renew their coverage.

Loss of Private Health Insurance Coverage Among Adults

While a small percentage of uninsured Medicaid eligible adults may be allowing their Medicaid coverage to lapse (13%), a more significant concern among these adults is the loss of private health insurance coverage. This, in part, results from their employer dropping health insurance coverage, but the primary cause appears to be that health insurance simply became too expensive to afford. Among those uninsured Medicaid eligible adults with health insurance coverage at some time during the past 12 months, 56% indicate prior coverage through their employer. This represents 18% of all uninsured adults eligible for coverage through the state's Medicaid program. This may portend a growing problem. As health insurance costs increase for both the employee and the employer, a larger percentage of lower income working adults may be forced to drop health insurance coverage due to its cost, especially as employers pass on the costs to their employees.

Geographic Areas of Concentration Among Uninsured Medicaid Eligible Children

By area, the uninsured Medicaid eligible children are distributed throughout the state, though there appears to be some concentration in southern Vermont. This is especially true in Windham and Rutland counties. The reason for this is unclear: it may relate to the types of jobs available and opportunities for employment. The rate of unemployment in these counties is comparable to the state as a whole; however, based on census data the rate of job growth in these two counties was slightly lower than the state as a whole. Median incomes are also slightly lower in these two counties than in the state as a whole. This might imply that the types of jobs available in these counties may offer, to a lesser degree, health insurance to employees.

The Lack of Information

The lack of knowledge about the state's Medicaid program appears to be the most prominent barrier to coverage for the uninsured Medicaid eligible population. Families have some general awareness of the program but seem to lack specific information or, in fact, may have perceptions that are simply incorrect about the program. While families with uninsured Medicaid eligible residents are generally at least somewhat familiar with the state Medicaid program and most are interested in enrolling in the Medicaid program, there is a general impression that these uninsured residents would not meet eligibility requirements. Among families with uninsured Medicaid eligible children, 55% believe their child would not be eligible, 4% believe it would cost too much, and 1% does not know where to apply. Among uninsured Medicaid eligible adults, 57% feel they are not eligible, 6% indicate they do not know how to apply, and 6% believe it would cost too much. These barriers are likely impeding parents from enrolling their children in the state's Medicaid program and are also preventing uninsured Medicaid eligible adults from enrolling, even though both groups meet eligibility criteria. Based on responses to the survey, the factor that would best promote health insurance coverage for the uninsured Medicaid eligible population in Vermont is to better inform residents of eligibility requirements.

Potential Cost Impacts

There are health care implications for the lack of health insurance coverage among the uninsured Medicaid population as well as financial burdens for the family. Those uninsured residents that meet eligibility requirements for Medicaid are significantly less likely to visit a health care professional than a resident with current health insurance coverage. Cost is the primary factor that prevents these uninsured residents from seeking medical care. Simply, families cannot currently afford the cost of medical care. The implication is that these families will simply continue to delay seeking medical care (for both children and adults in the family) which may result in medical conditions becoming more serious. This, in turn will place a greater financial strain on the family and it is likely that the costs of medical care will eventually fall upon the medical system to absorb since the family will simply not have the resources to pay. This may prompt families to eventually seek out Medicaid coverage, but only after the cost for medical care has increased. This, in turn, may actually increase the cost of providing Medicaid coverage to Vermont residents.

Enrolling these uninsured Medicaid eligible residents may provide the insurance safety net that could lead to better medical care, reduce the cost burden for the family and potentially impact the cost to the state of Vermont. Coverage through Medicaid would likely lead to more frequent health care visits, the identification of any health problems (at an earlier stage) before they became serious, and treatment.

Employer Offered Health Insurance as an Option

Nearly three quarters of uninsured Medicaid eligible children have one or more working parents. Most working parents are full time employees, work in service or retail sectors, and work for smaller companies (less than 25 employees). Over three quarters of uninsured Medicaid eligible adults are employed. Most of these adults work full time, work in the service or retail sectors and work for smaller companies. In most cases, there is no access to health insurance through an employer and even in cases where health insurance is available; cost would preclude the purchase of this health insurance.

- Only 22% of uninsured Medicaid eligible children live in a household with a parent whose employer offers health insurance. And among this 22%, cost would preclude the purchase of this insurance among over half of these families.
- Only 29% of uninsured Medicaid eligible adults work for an employer that offers health insurance. And among this 29%, cost would preclude the purchase of this insurance among 45% of these adults.

Is employer based insurance coverage an option for these uninsured residents eligible for Medicaid? Perhaps for a small percentage; however, cost remains a key barrier among this population.

H. Interruptions in Insurance Coverage

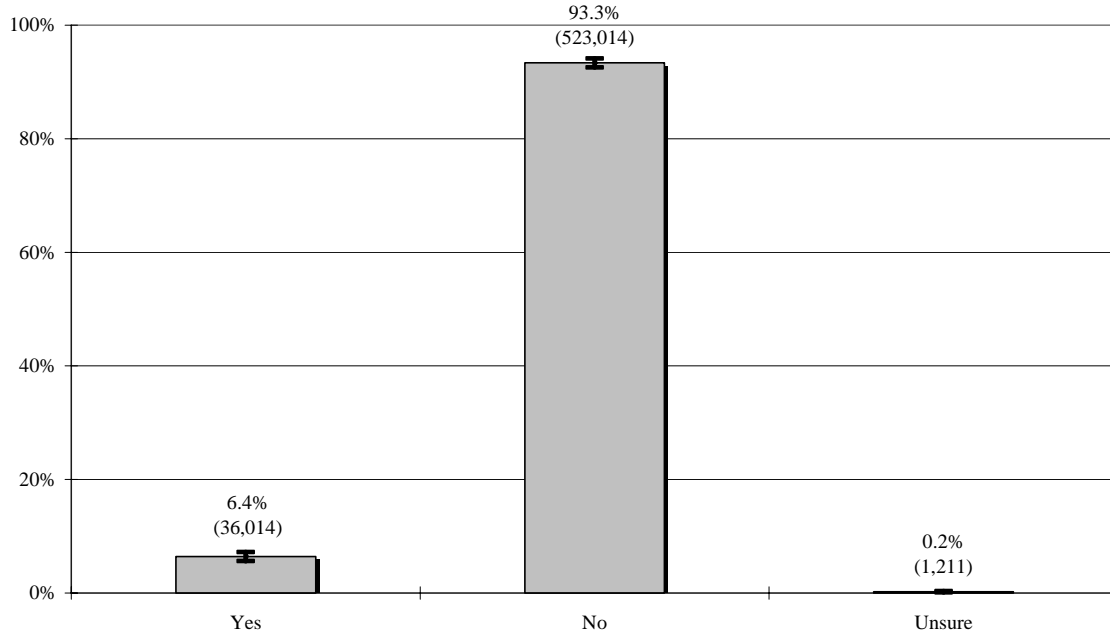
Key Findings

- About 6% or roughly 36,000 insured Vermont residents were without coverage at some time during the past 12 months. This is comparable to the percent from 2000 with an interruption in health insurance. The most frequently cited reasons for interruptions in coverage are that the cost of insurance is too high, the cost increased, or they cannot afford the coverage given by about a quarter (23.0%). About half (49.8%) of those who were without coverage at some time during the past 12 months were without coverage for less than 3 months, while another 26.7% were without coverage for 4 to 6 months.
- One out of every five (20.4%) insured 18 to 29 year olds has been without health insurance coverage at some time during the past 12 months. Only 1.1% of residents over the age of 65 experienced an interruption in coverage while 4.2% of residents younger than 18 were without health insurance coverage sometime in the last 12 months.
- Over 10% of insured residents in Lamoille (11.9%), Orleans and Essex Counties (10.5%) said they experienced an interruption in their health insurance coverage during the past 12 months while less than 10% from other counties experience an interruption.
- The highest proportion (about 14%) of insured residents who have been without health insurance coverage sometime during the past 12 months have incomes less than \$38,700 while only about 4% of those who make more than this amount experienced an interruption in coverage.
- Those primarily covered by insurance through the state's Medicaid program were far more likely to have experienced an interruption in health insurance coverage at some time during the past 12 months.

Overall, 6.4% of insured Vermont residents were without health insurance coverage at some time during the past 12 months. This is comparable to the 7% with an interruption in health insurance from 2000. The most often cited reasons for why the person was without coverage were that the cost is too high, cost increased, or cannot afford, mentioned by 23% of those with interruptions in their health insurance coverage. Another 17% indicate that the person with health insurance lost their job and 11% indicated they were ineligible to enroll in employer-offered health insurance due to a mandatory waiting period. Of those who were without health insurance coverage at some

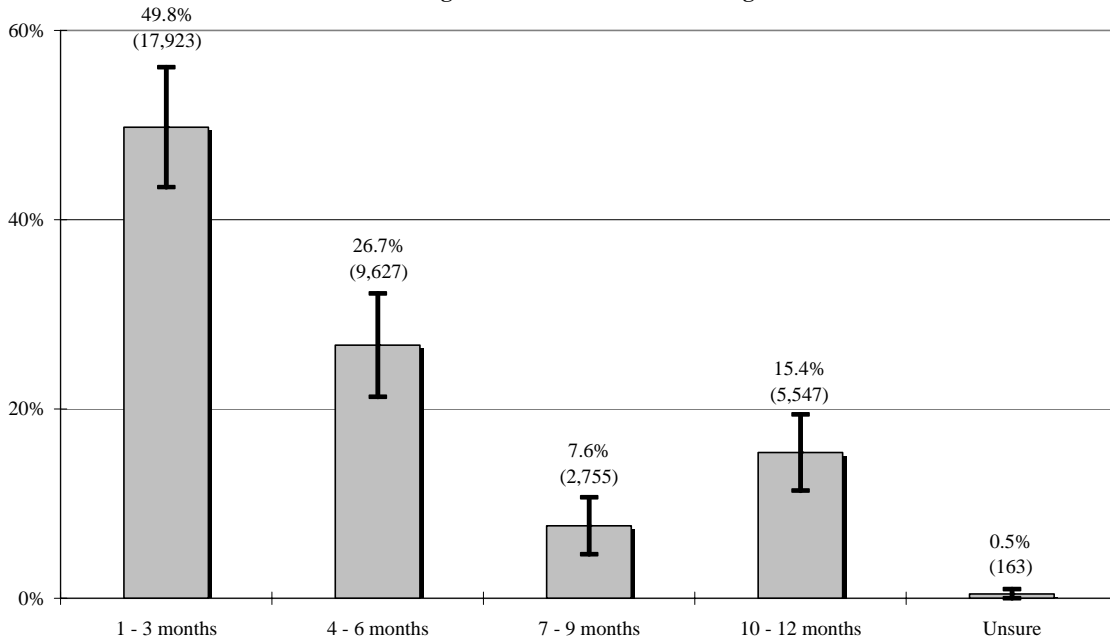
time during the past 12 months, almost half (49.8%) were without coverage for 1 to 3 months while another quarter were without coverage for 4 to 6 months.

Figure 68
Has Person Been Without Coverage Anytime In The Last 12 Months?



Data Source: 2005 Vermont Household Health Insurance Survey

Figure 69
How Long was Person Without Coverage?



Data Source: 2005 Vermont Household Health Insurance Survey

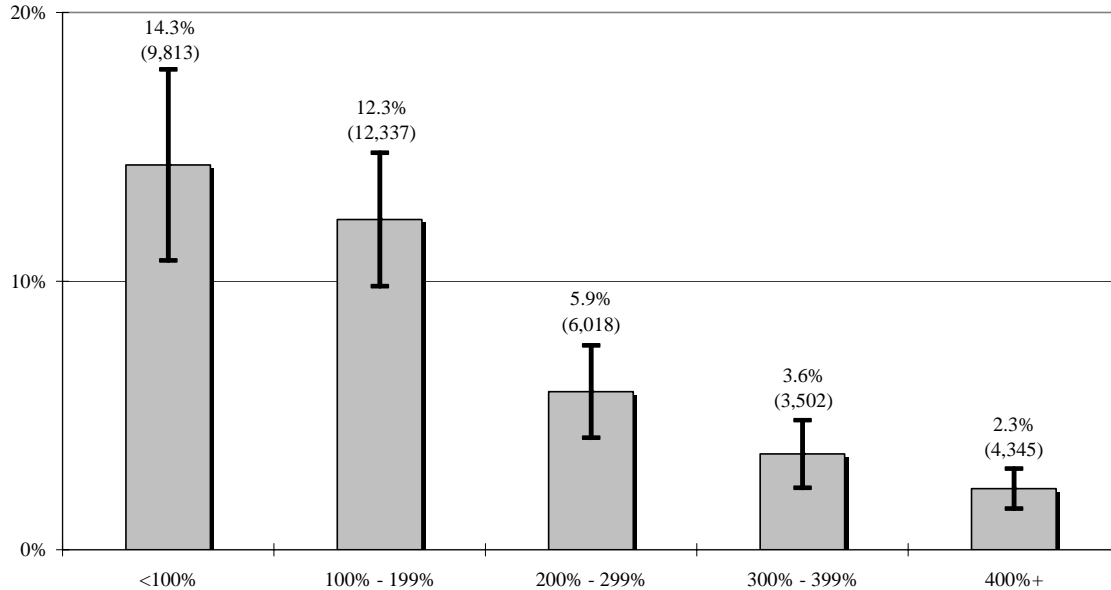
Table 15
Why was Person WITHOUT Coverage?
(Asked of insured without health insurance during the past 12 months)

Reason	%
Cost is too high, cost increased, cannot afford	23.2%
Person with health insurance lost job	17.2%
Waiting period for coverage	11.0%
Person changed employers and not eligible for insurance	8.0%
Not eligible/no longer qualify for VHAP/PC +/Medicaid/Dr. Dynasaur	6.8%
Medicaid - income too high	5.1%
Medicaid-miss application deadline/didn't fill out form	4.8%
Current employer does not offer coverage	3.2%
Insurance company refused coverage, terminated coverage	3.2%
Medicaid benefits ran out had to reapply	2.3%
Lost coverage from parent, too old for coverage	2.3%
Move to Vermont from out of state	1.9%
Employer stopped offering coverage	2.2%
Person with health insurance quit job	2.1%
Employer cut person back to part time/temporary status	2.0%
Don't need insurance	0.7%
Waiting for Medicaid benefits	0.6%
Changed employers and new employer does not offer insurance	0.6%
Got divorced or separated/death of spouse or parent	0.5%
Person cut themselves back to part time status	0.4%
Insurance company moved/closed	0.4%
Never had insurance	0.2%
Self employed	0.2%
Other	6.1%
Currently has insurance	1.3%
Unsure	1.7%

There is a clear trend in the percentage of insured residents with an interruption in their health insurance coverage when one looks at family income. The largest percentage of insured residents who have been without coverage occurs among the lowest income households. Among those whose family incomes are less than 100% of Federal Poverty Level (or less than \$19,350 for a family of four), 14.3% were without health insurance coverage at some time during the past 12 months. Among residents whose family incomes fall between 100% and 199% of Federal Poverty Level (or \$19,350 to \$38,700 for a family of four), 12.3% were without health insurance coverage at some time during the past 12 months. Only 5.9% of those whose incomes are between 200% and 299% of Federal Poverty Level (or \$38,700 to \$58,050 annually for a family of four) were without coverage at some time during the past 12 months. Among those whose family incomes are between 300% and 399% of Federal Poverty Level (or \$58,050 to \$77,400 annually

for a family of four) only 3.6% were without coverage sometime in the last 12 months, while among those whose family income is above 400% of FPL (or \$77,400 or more annually for a family of four) only 2.3% were without health insurance coverage sometime in the last 12 months.

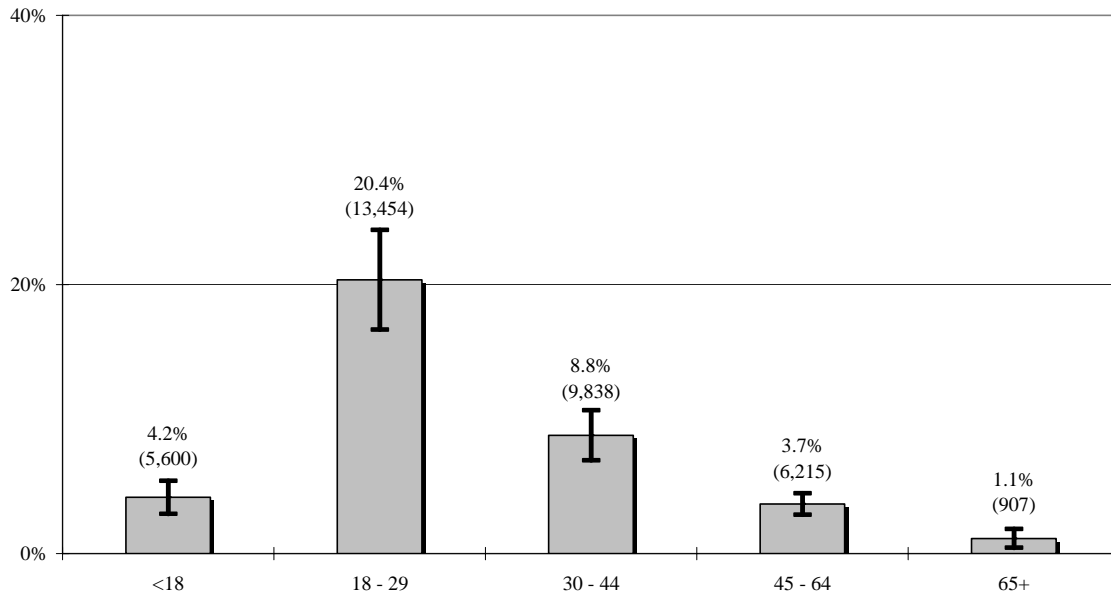
Figure 70
Percent Who Have Been Without Insurance Coverage Anytime in the Last 12 Months
by Family Income
(As Percentage of Federal Poverty Level Group)



Data Source: 2005 Vermont Household Health Insurance Survey

The highest percentage of residents with coverage interruptions during the past 12 months occurs among those ages 18 to 29. Specifically, 20.4% of those insured residents age 18 to 29 were without coverage sometime during the past 12 months. This age group is followed by those ages 30 to 44 in which 8.8% experienced interruptions in their health insurance coverage sometime during the past 12 months. Among insured residents younger than 18, 4.2% experienced interruptions in health care coverage, while 3.7% of 45 to 64 year olds were without coverage sometime in the last 12 months. Among those who are 65 or older, only 1.1% was without health insurance coverage sometime in the last 12 months.

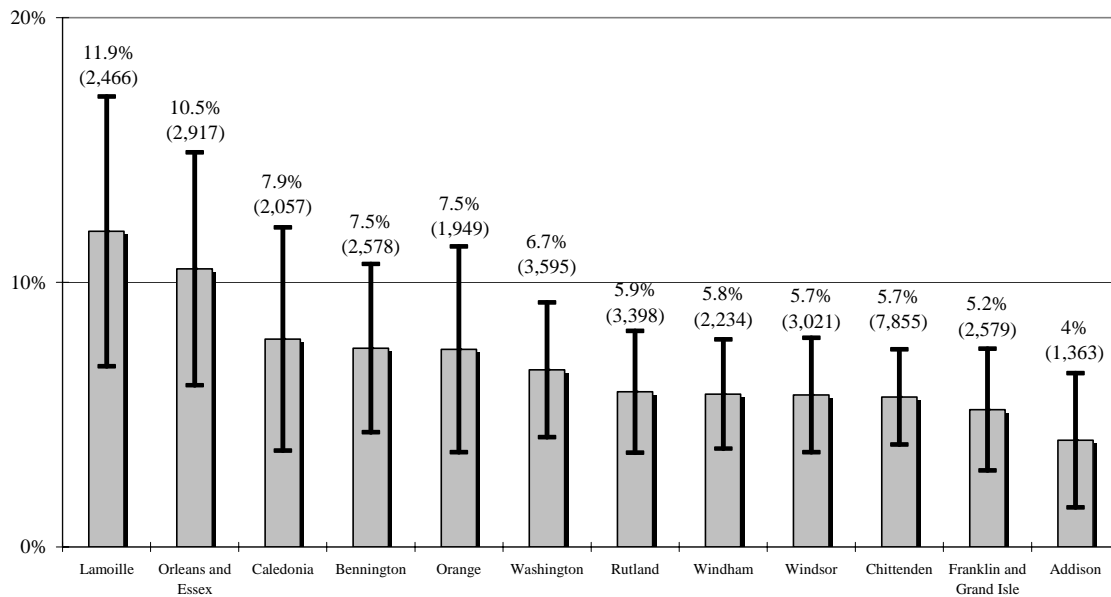
Figure 71
Percent Who Have Been Without Coverage Anytime in the Last 12 Months by Age
(As Percentage of Age Group)



Data Source: 2005 Vermont Household Health Insurance Survey

Lamoille County has the highest percent of insured residents who were without coverage at some time during the past 12 months, with 11.9% of insured residents with an interruption in their health insurance coverage. This is followed by Orleans and Essex Counties in which 10.5% of insured residents were without health insurance coverage sometime in the last 12 months. All other counties had 8% or fewer residents without health insurance coverage during the past 12 months. These counties are Caledonia (7.9% of insured residents with an interruption in health insurance coverage at some time during the past 12 months), Bennington and Orange (7.5% each), Washington (6.7%), Rutland (5.9%), Windham (5.8%), Windsor and Chittenden (5.7% each). The counties with the lowest percentage of residents who have been without health insurance coverage sometime in the last 12 months are Franklin and Grand Isle (5.2%) and Addison (4%).

Figure 72
Percent Who Have Been Without Coverage Anytime in the Last 12 Months by County



Data Source: 2005 Vermont Household Health Insurance Survey

By primary type of insurance coverage, those primarily covered by insurance through the state’s Medicaid program were more likely to have lacked health insurance coverage at some time during the past 12 months than residents primarily covered by other types of insurance. Among those primarily covered by Medicaid, 16.8% reported they were without health insurance coverage at some time during the past 12 months.

Table 16
Primary Type of Health Insurance of Persons Who Have Been Without Coverage Anytime in the Last 12 months

Primary Type of Health Insurance	% indicating yes
Private Insurance	5.0%
Medicaid	16.8%
Medicare	1.9%
Military	5.6%

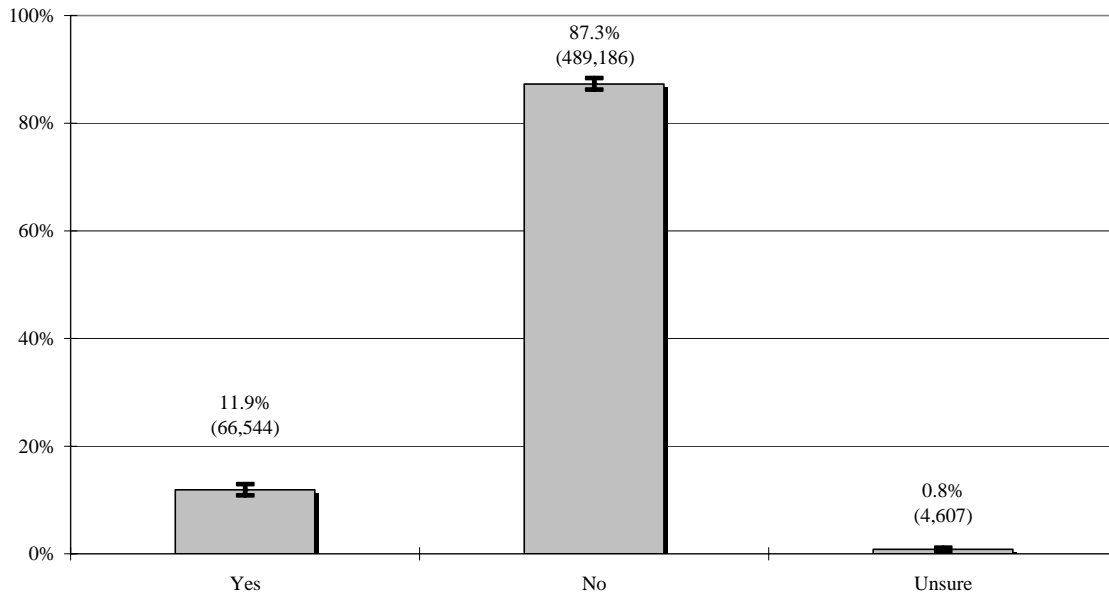
I. Concerns about Loss of Health Insurance

Key Findings

- About 12% of insured Vermont residents are concerned they will lose health insurance during the next 12 months, with the most often given reason for this concern being that the person's income varies and they may not meet the income eligibility requirements for a health insurance program. This is comparable to the 11.3% that expressed concern in 2000.
- About one-quarter (24.4%) of insured residents who make less than \$19,350 are concerned they may lose health insurance during the next 12 months.
- About one out of every five (19.5%) 18 to 29 year olds is concerned that they may lose health insurance coverage during the next 12 months while only 6.3% of residents over the age of 65 are concerned about a loss of coverage in the next 12 months.
- The largest proportion (17.2%) of insured residents concerned they may lose health insurance live in Orleans and Essex Counties.
- Those currently enrolled in the state's Medicaid program are significantly more likely to express concern about losing health insurance coverage during the next 12 months.

Overall, 11.9% of Vermont residents are concerned they will lose health insurance coverage sometime in the next 12 months. This is comparable to the 11.3% that expressed concern in 2000. The most often cited reason for this concern given by of these residents (17.7%) is that they will not meet eligibility requirements for the health insurance program they are currently covered under because their income can vary. Other reasons given by at least 10% of those concerned about loss of coverage are that their premium cost will increase (17.0%) and that the person with health insurance will lose their job (16.1%).

Figure 73
Are You Concerned that Person May Lose Health Insurance Coverage Within the Next 12 Months?



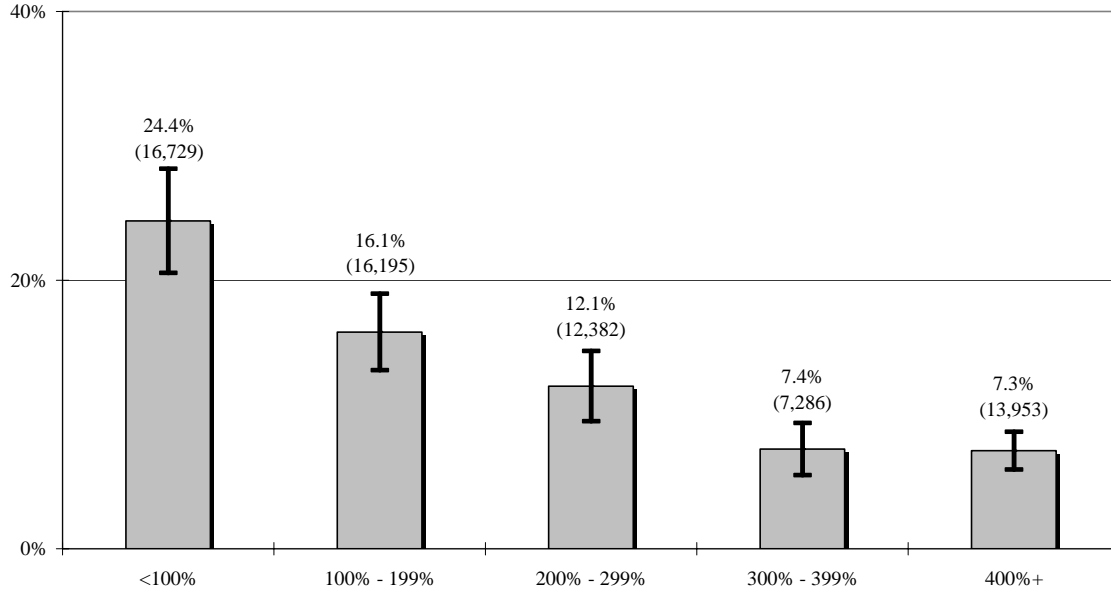
Data Source: 2005 Vermont Household Health Insurance Survey

Table 17
What Are the Reasons that there is a Risk for Losing Health Insurance Coverage Within the Next 12 Months?

Reasons	%
Will not meet eligibility requirement for program/income can vary	17.7%
Premium cost increases	17.0%
Person with health insurance will lose job	16.1%
Will become ineligible because of age - leaving school	8.0%
Worried that program will be cut	6.4%
Person will change employers and may not be eligible	4.0%
Government involvement	3.8%
Current employer may stop offering health insurance	3.7%
Medicare/Medicaid changes or concerns	3.1%
Benefits from former employer, cobra will run out	3.1%
Person will cut back to part time	2.6%
Person will change employers new employer may not offer	2.4%
Not eligible, no longer will qualify for Medicaid	2.3%
Divorce or separation	0.8%
Retirement	0.7%
Job change so there may be a lapse	0.5%
Other	13.8%
unsure	2.7%

There is a clear trend in the percentage of residents concerned they will lose insurance coverage when one looks at family income. The largest percentage of residents who are concerned they will lose coverage occur amongst those whose family incomes are below 100% of Federal Poverty Level, (or less than \$19,350 for a family of four) in which 24.4% are concerned about loss of coverage. Among residents whose family incomes fall between 100% and 199% of Federal Poverty Level, (or \$19,350 to \$38,700 for a family of four) 16.1% are concerned about loss of coverage. Some 12.1% of those whose incomes are between 200% and 299% of Federal Poverty Level (or \$38,700 to \$58,050 annually for a family of four) are concerned about loss of coverage. Of those who have an income between 300% and 399% of Federal Poverty Level (or \$58,050 to \$77,400 annually for a family of four), 7.4% are concerned about loss of coverage while 7.3% of those with family incomes 400% or more of Federal Poverty Level (or \$77,400 or more annually for a family of four) are concerned they will lose coverage sometime in the next 12 months.

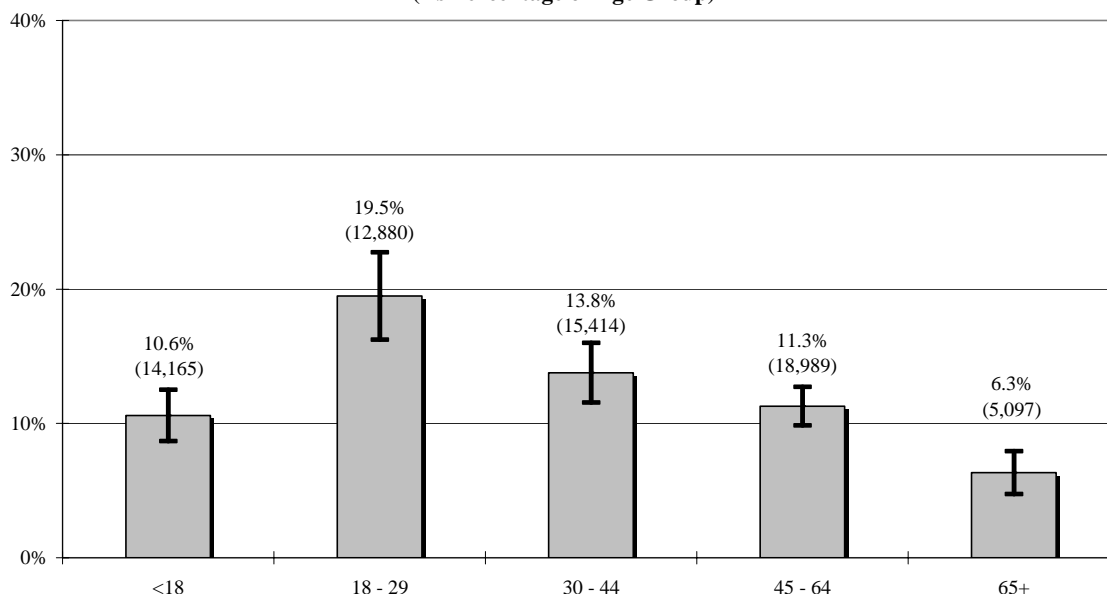
Figure 74
Percent Concerned that Person May Lose Health Insurance Coverage
Within the Next 12 Months by Income
(As Percentage of Federal Poverty Level Group)



Data Source: 2005 Vermont Household Health Insurance Survey

The highest percentage of residents concerned they will lose health insurance coverage in the next 12 months occurs among those ages 18 to 29. Specifically, 19.5% of those ages 18 to 29 are concerned they will lose coverage. This age group is followed by those ages 30 to 44 in which 13.8% are concerned about losing coverage in the next 12 months. Among those who are between 45 and 64, 11.3% are concerned they will lose coverage, while there is a concern that 10.6% of those less than 18 years old will lose health insurance coverage. Among those who are 65 or older, 6.3% are concerned they will lose health insurance coverage in the next 12 months.

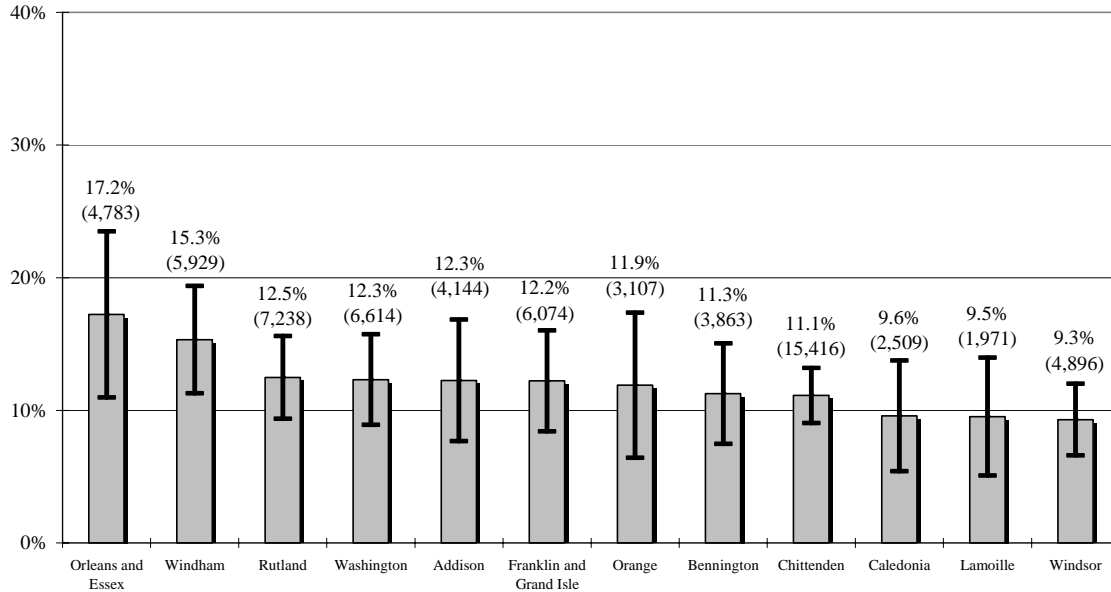
Figure 75
Percent Concerned that Person May Lose Health Insurance
Coverage Within the Next 12 Months by Age
(As Percentage of Age Group)



Data Source: 2005 Vermont Household Health Insurance Survey

Orleans and Essex Counties have the highest percentage of residents who are concerned about coverage with 17.2% of insured residents concerned they will lose coverage in the next 12 months. This is followed by Windham County in which 15.3% of insured residents are concerned they will lose coverage. The percent of residents concerned they will lose coverage in other counties include 12.5% in Rutland, 12.3% in Washington, 12.3% in Addison, 12.2% in Franklin and Grand Isle, 11.9% in Orange, 11.3% in Bennington, 11.1% in Chittenden, 9.6% in Caledonia, 9.5% in Lamoille, and 9.3% in Windsor.

Figure 76
Percent Concerned that Person May Lose Health Insurance Coverage
Within the Next 12 Months by County



Data Source: 2005 Vermont Household Health Insurance Survey

By primary type of health insurance coverage, those primarily covered by the state’s Medicaid program are significantly more likely to express concerns about losing health insurance coverage during the next 12 months. Among residents primarily covered by Medicaid, 26.3% indicate they are worried they will lose their coverage. This compare to 9.0% of those primarily covered by private health insurance, 9.8% of residents primarily covered by Medicare, and 7.8% of those covered by Military health insurance. When those covered by Medicaid were asked why they are concerned about losing coverage, the most frequently cited reasons were seasonal variability in income, potential cost increases, and fear the program will be cut. When asked this same question, those on private insurance most frequently cited potential cost increases, fear that they will lose their job, and loss of eligibility due to age or leaving school.

Table 18
Are you Concerned that PERSON May Lose Health Insurance Coverage Within the
Next 12 Months?

Current Type of Health Insurance	% indicating yes
Private Insurance	9.0%
Medicaid	26.3%
Medicare	9.8%
Military	7.8%

Table 19
What Are the Reasons There is a Risk for Losing Health Insurance Coverage
Within the Next 12 Months?

Reasons	Medicaid	Private
Will not meet eligibility requirement for program/income can vary	41.1%	2.0%
Premium cost increases	12.6%	19.9%
Person with health insurance will lose job	1.3%	32.0%
Will become ineligible because of age - leaving school	4.7%	12.7%
Worried that program will be cut	12.3%	0.8%
Government involvement	5.8%	0.3%
Person will change employers and may not be eligible	0.9%	8.1%
Current employer may stop offering health insurance	1.2%	6.1%
Medicare/Medicaid changes or concerns	2.0%	0.1%
Benefits from former employer, cobra will run out	0.0%	5.0%
Not eligible, no longer will qualify for Medicaid	4.3%	0.3%
Person will cut back to part time	0.9%	5.0%
Person will change employers new employer may not offer	0.0%	5.2%
Divorce or separation	0.0%	1.5%
Retirement	0.3%	1.2%
Job change so there may be a lapse	0.2%	0.9%
Other	17.0%	8.6%
unsure	3.0%	0.6%

J. Dental and Vision Insurance Coverage

Key Findings

Dental Insurance

- Currently, 52.7% of Vermont residents are covered by insurance plans that pay for routine dental care such as cleanings and fillings.
- About seventy-one (70.6%) percent of Vermont children ages 0 to 17 are covered by an insurance plan that pays for routine dental care. Among adults in the state, 45.4% of those between 18 and 29, 57.5% of those between 30 and 44, 54.2% between 45 and 64, and 18.4% 65 years of age or older are covered by dental insurance.
- In Vermont, thirty-five (35.8%) percent of residents with family incomes less than 100% of the Federal Poverty Level (FPL) are covered by an insurance plan that pays for routine dental care. This compares to 40.8% of residents with incomes of 100% - 199% FPL, 50.9% of residents with family incomes of 200% – 300% FPL, and more than 60% of residents with incomes of 300%+ FPL, who are covered by an insurance plan that pays for routine dental care (61.8% for 300%-399% FPL & 63.4% for 400%+ FPL).
- Over Two-thirds (68.7%) of Vermont residents primarily covered by private health insurance also have insurance that pays for routine dental care. Those also covered for routine dental care by either state or federally funded insurance include: fifty-five (54.3%) percent of residents with Medicaid, 19.4% of residents with Medicare, and 2.3% of the uninsured.

Vision Insurance

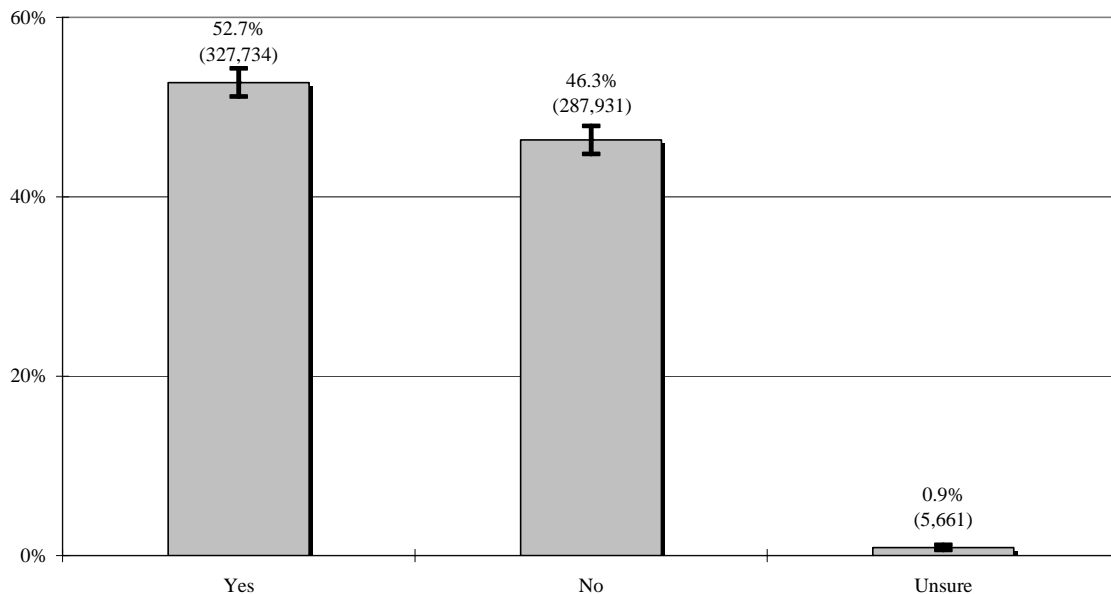
- Forty-five (44.8%) percent of Vermont residents are covered by an insurance plan that pays for routine vision care such as eye exams.
- Less than one-third (32.5%) of adults in Vermont ages 18 to 29 are covered by insurance that pays for routine vision care. Other Vermont residents covered by some form of vision care insurance include: about fifty-three (52.6%) percent of children, ages 0 to 17; 44.2% of adults ages 30 to 44; 46.1% of adults ages 45 to 64; and 42.3% of adults age 65 or older.

- About thirty-seven (36.8%) percent of Vermont residents with family incomes of less than 100% FPL are covered by a vision care insurance plan. This compares to 35.9% of residents with incomes of 100% - 199% FPL, 40.9% of residents with incomes 200% - 299% FPL, and about half (50.2%) of residents with incomes of 300+% FPL.
- Over half (52.4%) of Vermont residents primarily covered by private health insurance also have insurance that pays for routine vision care. This compares with forty-six (47.4%) percent of Vermont residents who have primary coverage through Medicaid, 41.2% of those with primary coverage through Medicare, and 1.0% who are uninsured.

Dental Insurance

Currently 52.7% of Vermont residents are covered by insurance plans that pay for routine dental care such as cleanings and fillings. Residents with private insurance as their primary type of insurance have the highest proportion of those with dental coverage with over two-thirds (68.3%) covered by a dental plan. Over half of residents primarily covered by Military insurance (57.5%), Medicaid (54.3%), or Private insurance (68.7%) are covered by a dental plan while about 1 out of every 5 of those on Medicare (19.4%) are covered by a dental plan. Among the uninsured, 2.3% are covered by a dental plan.

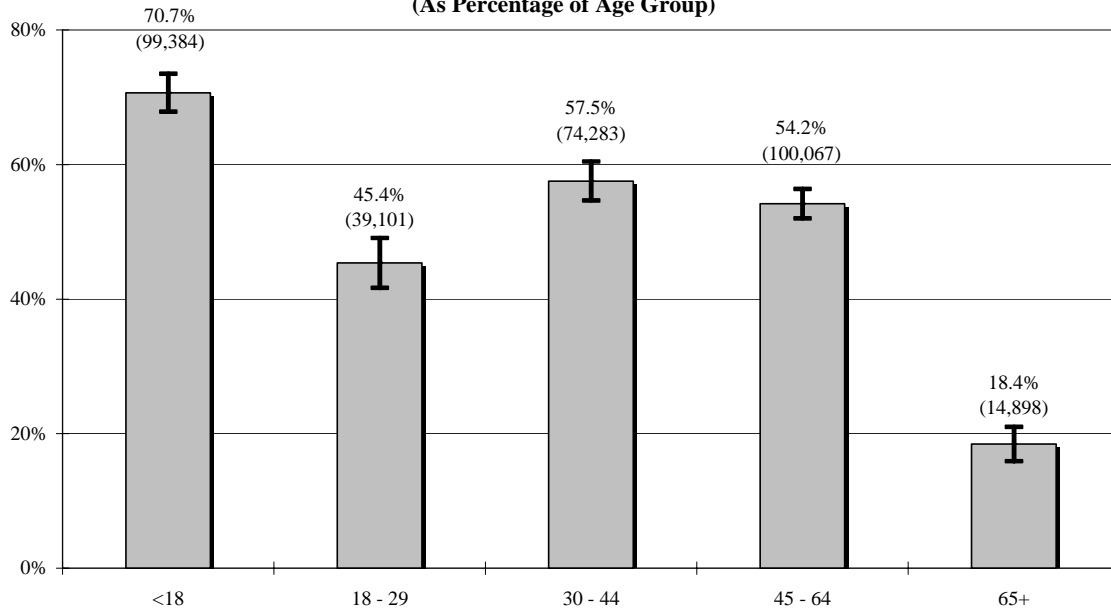
Figure 77
Is Person Now Covered by an Insurance Plan that Pays for Routine Dental Care, such as Cleanings and Fillings?



Data Source: 2005 Vermont Household Health Insurance Survey

The age group with the largest proportion of residents with dental coverage is 0 to 17 year olds. Within this group, 70.7% are covered by an insurance plan that pays for routine dental care. Among adults in the state, 45.4% of those between 18 and 29, 57.5% of those between 30 and 44, 54.2% between 45 and 64, and 18.4% 65 years of age or older are covered by dental insurance.

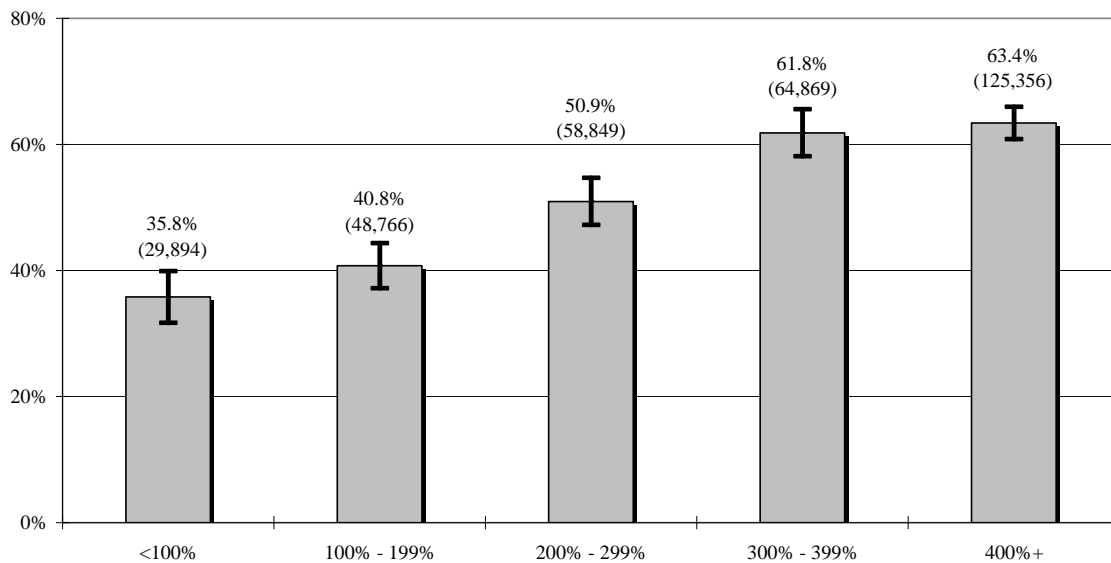
Figure 78
Percent Now Covered by an Insurance Plan that Pays for Routine
Dental Care, such as Cleanings and Fillings by Age
(As Percentage of Age Group)



Data Source: 2005 Vermont Household Health Insurance Survey

There was a clear relationship between income and dental coverage such that as income increases so does the likelihood of being covered by dental insurance. Specifically, 35.8% of residents with family incomes less than 100% FPL are covered by an insurance plan that pays for routine dental care. This increases to 40.8% of residents with incomes between 100% - 199% FPL, 50.9% of residents with family incomes between 200% – 300% FPL, and more than 60% of residents with incomes of 300+% FPL (61.8% for 300-399% FPL & 63.4% for 400%+ FPL).

Figure 79
Percent Now Covered by an Insurance Plan that Pays for Routine Dental Care, such as Cleanings and Fillings by Income
(As Percentage of Federal Poverty Level Group)

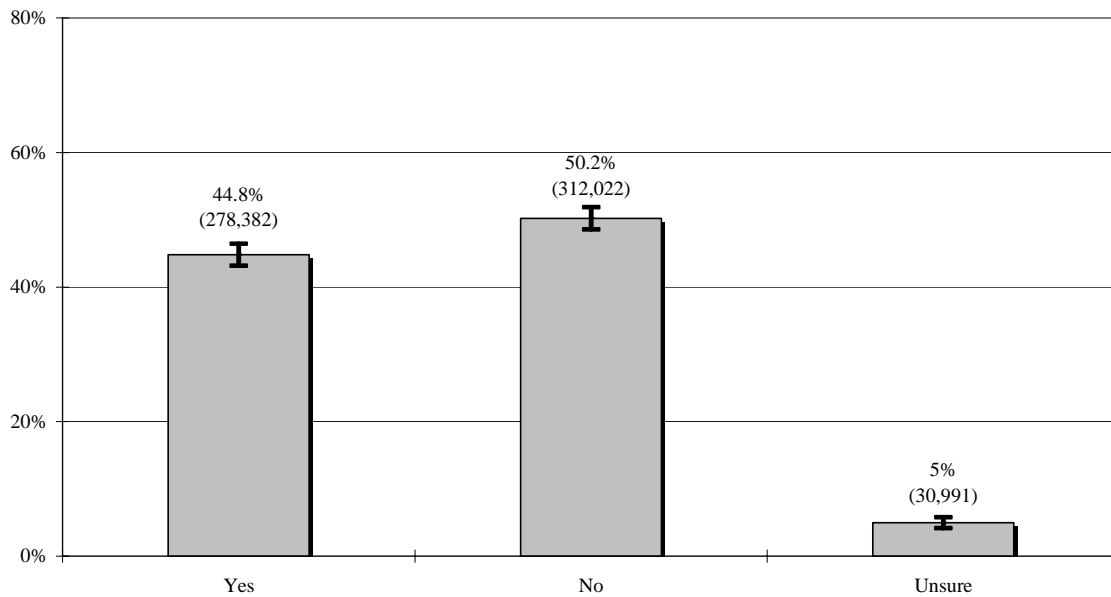


Data Source: 2005 Vermont Household Health Insurance Survey

Vision Insurance

For vision insurance, currently 44.8% of Vermont residents are covered by insurance plans that pay for routine vision care such as eye exams. Again, residents with private insurance as their primary insurance are more likely to have a plan that covers vision care compared to other primary types of insurance, with 52.4% of those residents primarily covered by private insurance also covered by a vision plan. Among residents covered primarily by other types of insurance, 47.4% of those with Medicaid are covered by a vision plan, 41.2% of those with Medicare are covered by a vision plan, and 39.0% of residents with Military insurance are covered by a vision care plan. Only 1.0% of uninsured Vermont residents have vision care coverage.

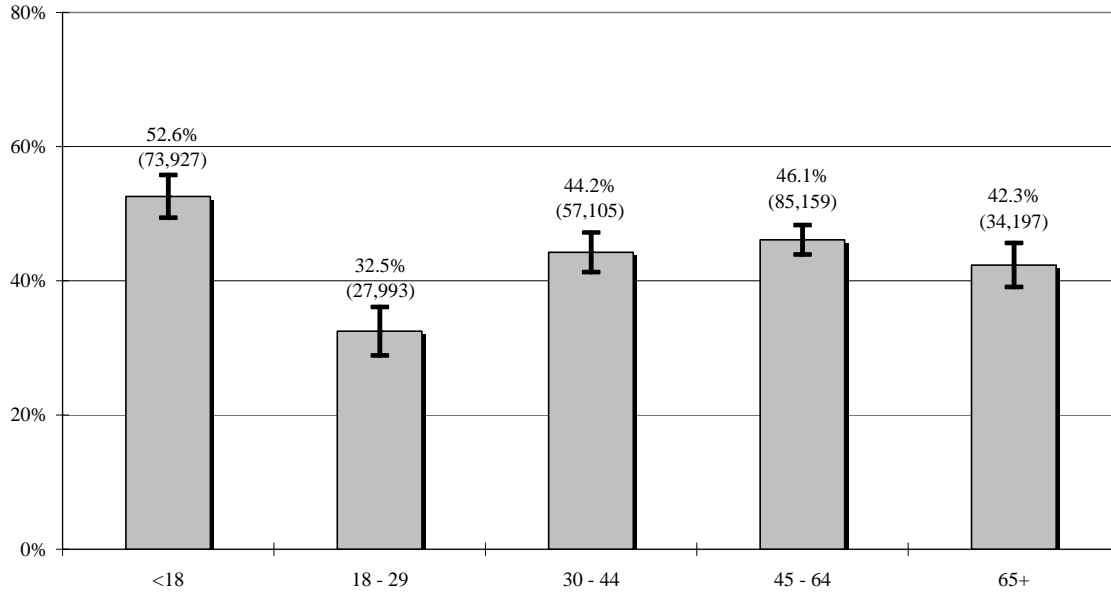
Figure 80
Is Person Now Covered by an Insurance Plan that Pays for Routine Vision Care including Regular Eye Exams?



Data Source: 2005 Vermont Household Health Insurance Survey

Less than one-third (32.5%) of adults in Vermont, ages 18 to 29, are covered by insurance that pays for routine vision care compared with 52.6% of children ages 0 to 17. Among adults, 44.2% of those between 30 and 44 are covered by a vision plan, 46.1% of adults ages 45 to 64, and 42.3% of adults age 65 or older.

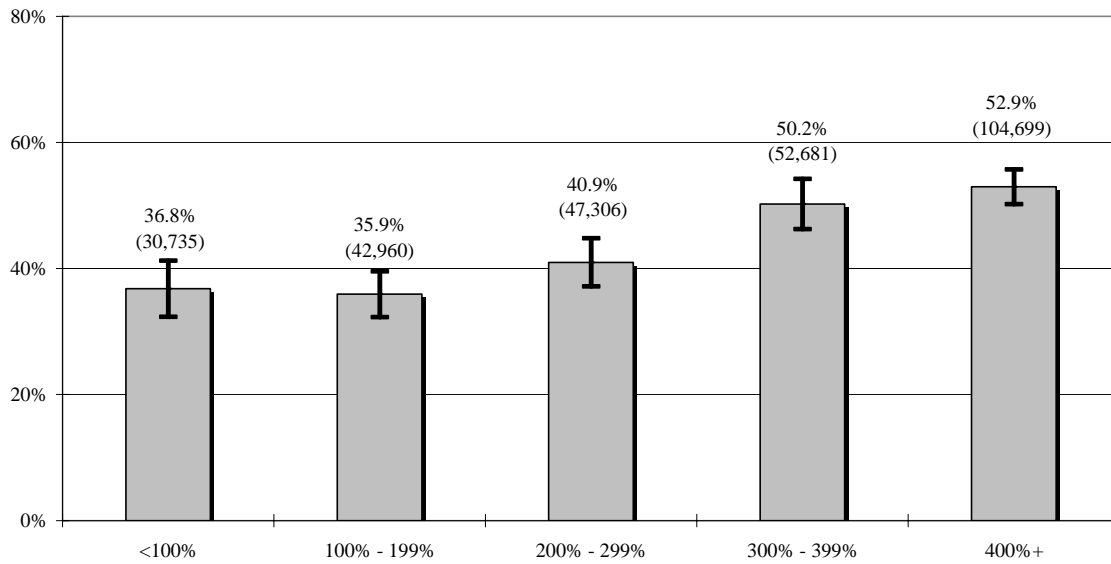
Figure 81
Percent Now Covered by an Insurance Plan that Pays for Routine
Vision Care including Regular Eye Exams by Age
(As Percentage of Age Group)



Data Source: 2005 Vermont Household Health Insurance Survey

Across incomes, there was a relationship between increasing income and increasing coverage by a vision plan, however this relationship was weaker than that found for dental coverage. About thirty-seven (36.8%) percent of Vermont residents with family incomes of less than 100% FPL are covered by a vision care insurance plan. This compares to 35.9% of residents with incomes between 100% - 199% FPL, 40.9% of residents with incomes between 200% - 299% FPL, and about half of residents with incomes of 300+% FPL (50.2% for 300%-399% FPL & 52.9% for 400%+ FPL).

Figure 82
Percent Now Covered by an Insurance Plan that Pays for Routine
Vision Care including Regular Eye Exams by Income
(As Percentage of Federal Poverty Level Group)



Data Source: 2005 Vermont Household Health Insurance Survey

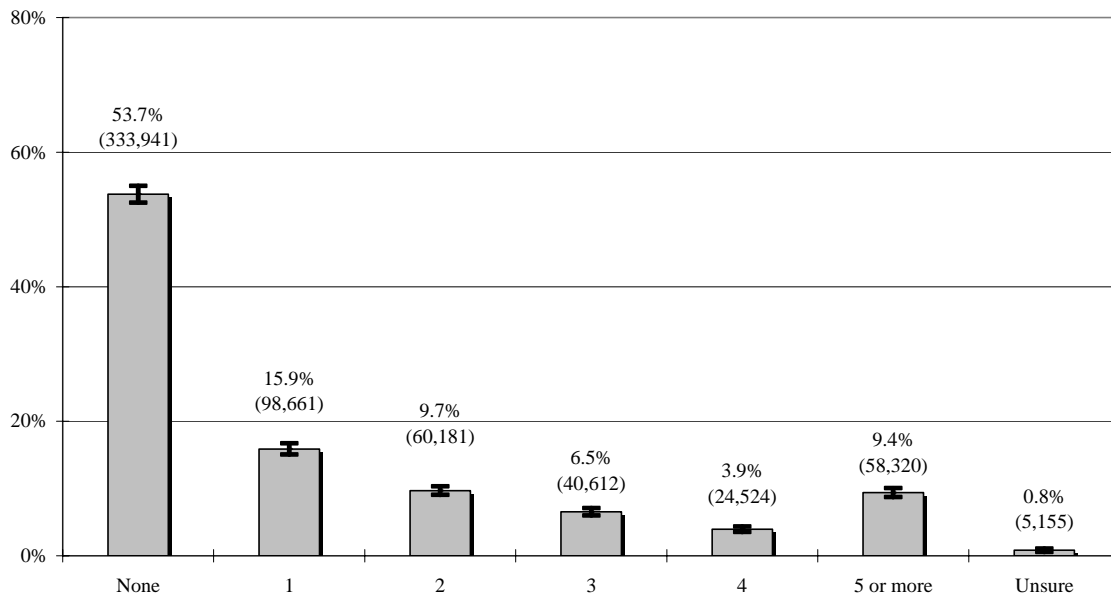
K. Prescription Drug Expenses

Key Findings

- Almost half (46.2%) of Vermont residents take at least 1 prescription drug on a regular basis with about 1 in 10 (9.4%) who take five or more prescription drugs on a regular basis. Among those residents who use 1 or more prescription drugs about two-thirds (66.1%) pay less than \$50 per month for these medicines while 4.3% pay \$200 or more per month.
- As resident's age's increase, so does the proportion of Vermont residents taking multiple prescription drugs on a regular basis and the cost of prescription drugs per month.
- Residents with incomes less than 100% FPL are more likely to take 5 or more prescription drugs on a regular basis compared to residents with higher incomes while also being more likely to pay less than \$50 per month compared to higher incomes.
- Comparing types of coverage, uninsured Vermont residents are most likely to not take any prescription drugs on a regular basis, while those on Medicare are more likely to take 3 or more prescription drugs on a regular basis. Regarding the cost per month, those who are covered by Medicaid or military insurance are the most likely to pay less than \$50 per month for prescriptions used on a regular basis.

Over half (53.7%) of Vermont residents do not take any prescription drugs on a regular basis while 45.4% take one or more, with almost 1 in every 10 (9.4%) residents taking 5 or more medicines on a regular basis.

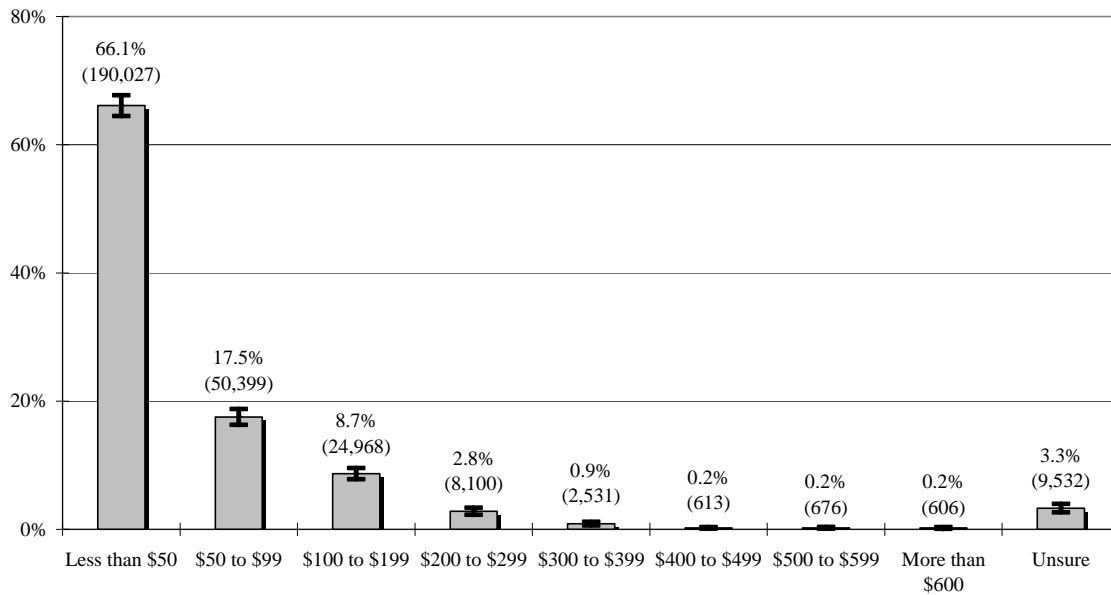
Figure 83
How Many Different Types of Prescription Drugs does Person Take on a Regular Basis?



Data Source: 2005 Vermont Household Health Insurance Survey

Among residents who take at least 1 prescription drug on a regular basis about two-thirds (66.1%) spend \$50 or less per month on these medicines. However, almost 1 out of every 20 (4.3%) who take a prescription medicine spend \$200 or more per month.

Figure 84
Which Category Best Represents the Amount that Person Pays Per Month
Out of Pocket for Prescription Drugs that Person Uses?



Data Source: 2005 Vermont Household Health Insurance Survey

Not surprisingly, as age increases so does the number of prescription drugs reported taken on a regular basis as well as the amount paid per month out of pocket for these medicines. Indeed, about a third (33.4%) of those residents 65 or older take 5 or more prescription medicines on a regular basis compared to 15% or less of those younger than 65. Furthermore, almost 8% of residents 65 or older spend \$200 or more per month compared to less than 5% of those residents younger than 65.

Table 20
The Number of Prescription Drugs Resident Takes on a Regular Basis and
the Amount Paid Per Month Out of Pocket by Age
(as Percentage of Age Group)

	Age Categories						
	0 to 9	10 to 17	18 to 24	25 to 34	35 to 49	50 to 64	65+
Number of Drugs							
None	82.4%	75.3%	68.9%	63.5%	54.5%	37.8%	15.2%
1	12.5%	13.6%	17.9%	19.4%	17.8%	16.7%	11.3%
2	2.9%	6.2%	6.4%	7.3%	11.1%	14.2%	13.1%
3	1.0%	1.9%	2.4%	4.7%	6.1%	9.8%	15.3%
4	0.5%	1.5%	1.5%	1.6%	3.3%	6.1%	10.7%
5 or more	0.5%	1.1%	1.8%	2.1%	6.4%	14.6%	33.4%
Unsure	0.2%	0.5%	1.0%	1.5%	0.8%	0.8%	1.1%
Amount per Month							
Less than \$50	90.6%	83.5%	77.8%	73.0%	68.0%	60.8%	56.0%
\$50 to \$99	4.5%	8.5%	11.6%	14.1%	17.5%	22.1%	19.7%
\$100 to \$199	2.5%	3.8%	3.8%	7.1%	8.4%	10.3%	11.3%
\$200 to \$299	0.0%	1.2%	2.1%	1.6%	2.5%	2.7%	4.9%
\$300 to \$399	0.0%	0.3%	0.0%	0.0%	0.7%	1.2%	1.6%
\$400 to \$499	0.0%	0.0%	0.0%	0.0%	0.0%	0.4%	0.5%
\$500 to \$599	0.0%	0.0%	0.0%	0.0%	0.0%	0.2%	0.7%
More than \$600	0.0%	0.0%	0.0%	0.0%	0.2%	0.3%	0.3%
Unsure	2.4%	2.6%	4.7%	4.3%	2.6%	2.0%	5.1%

Residents with incomes less than 100% FPL are more likely to take 5 or more prescription drugs on a regular basis compared to residents with higher incomes while also being more likely to pay less than \$50 per month compared to higher incomes. Specifically, while 16.3% of those with incomes less than 100% FPL take 5 or more prescription medicines on a regular basis compared to 12.8% or less who take 5 or more prescription medicines for higher income groups. Additionally, while almost 8 out of every 10 (77.9%) residents with incomes less than 100% FPL who take at least 1 prescription medicine on a regular basis spend less than \$50 per month on those medicines, compared to 60% to 70% of those residents making 100% FPL or more.

Table 21
The Number of Prescription Drugs Resident Takes on a Regular Basis and the Amount
Paid Per Month Out of Pocket by Family Income
(As Percentage of Federal Poverty Level Group)

	FPL Categories for Analysis				
	<100%	100% - 199%	200% - 299%	300% - 399%	400%+
Number of Drugs					
None	50.9%	55.0%	58.5%	54.4%	51.0%
1	12.1%	13.2%	14.7%	18.4%	18.5%
2	8.5%	8.0%	8.5%	10.1%	11.7%
3	5.5%	6.2%	5.9%	7.0%	7.3%
4	4.8%	3.5%	3.6%	3.5%	4.3%
5 or more	16.3%	12.8%	8.4%	5.9%	6.8%
Unsure	2.0%	1.3%	0.4%	0.7%	0.4%
Amount per Month					
Less than \$50	77.9%	67.6%	62.3%	66.9%	61.8%
\$50 to \$99	9.5%	14.3%	20.3%	19.4%	20.4%
\$100 to \$199	3.8%	8.3%	10.9%	8.1%	10.2%
\$200 to \$299	1.9%	4.3%	2.5%	1.9%	3.0%
\$300 to \$399	0.3%	1.0%	1.1%	0.9%	0.9%
\$400 to \$499	0.2%	0.2%	0.4%	0.0%	0.2%
\$500 to \$599	0.4%	0.2%	0.2%	0.0%	0.3%
More than \$600	0.4%	0.4%	0.0%	0.1%	0.2%
Unsure	5.7%	3.7%	2.1%	2.7%	3.0%

Comparing primary insurance coverage, the uninsured are the most likely to not take any prescription medicines with 76.9% of the uninsured taking 0 prescription drugs on a regular basis compared to about 60% or less for other types of insurance coverage. Conversely, over a third (36.6%) of those on Medicare take 5 or more drugs on a regular basis compared to about 8% or less for other types of insurance coverage. Regarding price paid out of pocket per month, those covered by Medicaid or military insurance pay the least for prescription medicines compared to other types of insurance with about 90% of those on Medicaid or military insurance paying less than \$50 per month while only 66% or less pay this low an amount for prescription medicines among residents with other types of primary insurance coverage.

Table 22
The Number of Prescription Drugs Resident Takes on a Regular Basis and the Amount Paid Per Month Out of Pocket by Primary Type of Insurance

	Primary Type of Insurance Coverage				
	Private Insurance	Medicaid	Medicare	Military	Uninsured
Number of Drugs					
None	57.8%	60.0%	15.1%	53.8%	76.9%
1	18.4%	15.6%	10.2%	18.3%	9.0%
2	9.9%	8.5%	12.4%	8.9%	6.2%
3	5.5%	4.9%	14.6%	6.5%	3.3%
4	3.2%	2.6%	10.1%	3.7%	1.3%
5 or more	4.5%	7.9%	36.6%	7.1%	1.3%
Unsure	0.7%	0.6%	1.0%	1.7%	1.9%
Amount per Month					
Less than \$50	66.0%	90.8%	58.2%	89.9%	39.1%
\$50 to \$99	19.8%	4.6%	19.7%	9.3%	16.9%
\$100 to \$199	8.8%	1.8%	10.5%	0.0%	18.3%
\$200 to \$299	1.9%	0.6%	4.4%	0.0%	11.2%
\$300 to \$399	0.5%	0.1%	1.5%	0.0%	3.7%
\$400 to \$499	0.1%	0.0%	0.4%	0.0%	0.9%
\$500 to \$599	0.1%	0.0%	0.7%	0.0%	0.0%
More than \$600	0.1%	0.0%	0.6%	0.0%	0.0%
Unsure	2.7%	2.0%	4.1%	0.8%	9.8%

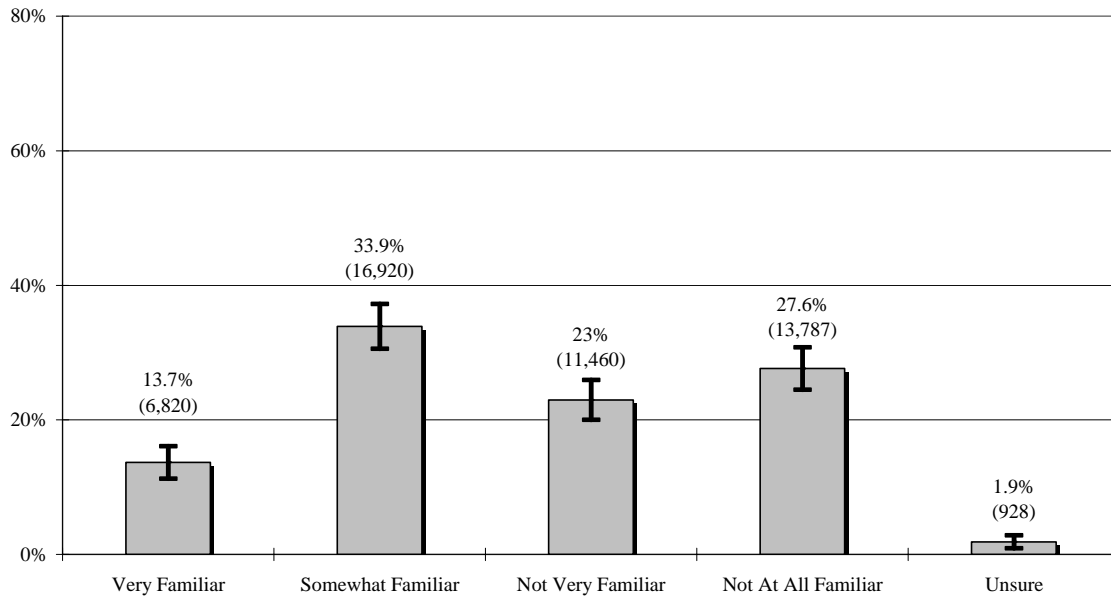
L. Medicare Prescription Drug Benefits

Key Findings

- Almost half (47.6%) of residents 65 or older say they are “somewhat familiar” or “very familiar” with the new Medicare prescription drug benefit.
- Of those residents 65 and older, 42.0% say they understand the benefit “somewhat well” or “very well.”
- Over two-thirds (67.3%) of residents 65 or older say they had received information about the Medicare prescription drug benefit.
- A little over a quarter (26.7%) of those 65 and older reported that they are planning to enroll in the new Medicare drug plan.
- Of those who are not planning to enroll, 41.8% said the reason for their decision is that they already have a plan, while another 27.8% simply say they are not interested.

The new Medicare Part D Prescription Drug Benefits Program became effective January 1, 2006. Almost half (47.6%) of respondents who are 65 or older reported that they were “somewhat familiar” or “very familiar” with the new Medicare prescription drug program, while about a quarter (27.6%) said they are “not at all familiar.”

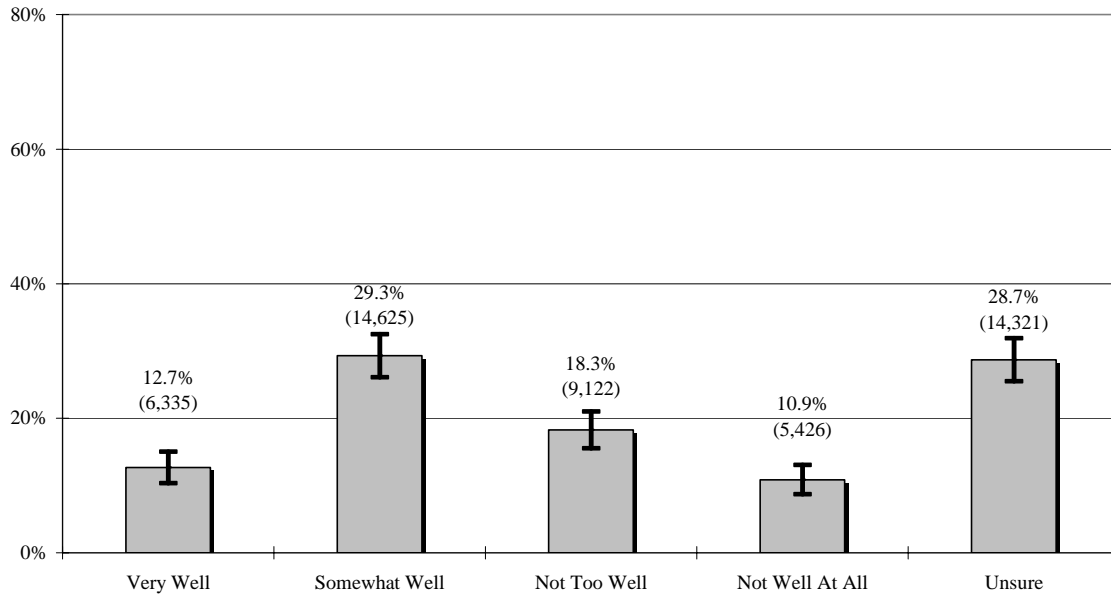
Figure 85
How Familiar are You with the New Medicare Prescription Drug Benefit?
(Asked of Residents Age 65 and Older)



Data Source: 2005 Vermont Household Health Insurance Survey

Among those residents who indicated they are familiar with the new drug benefit, 42% of respondents reported that they understand the benefit “somewhat” or “very well” with about 1 in 10 (10.9%) saying they do not understand the new benefit at all.

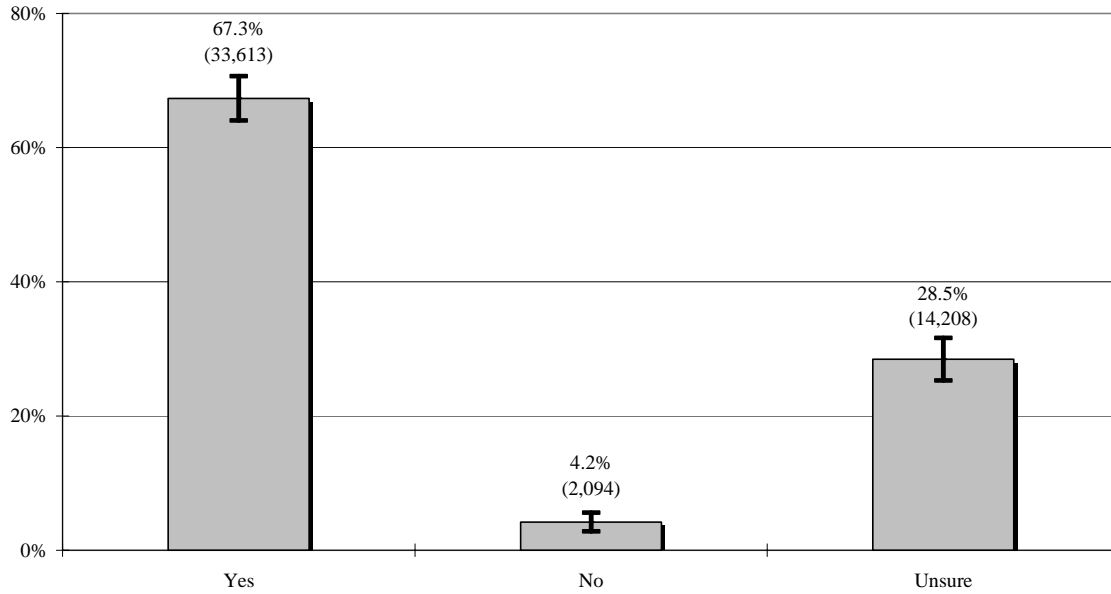
Figure 86
How Well Would You Say You Understand this New Benefit?
(Asked of Residents Age 65 and Older)



Data Source: 2005 Vermont Household Health Insurance Survey

Sixty-seven (67.3%) percent of Vermont survey respondents 65 and older and familiar with the new drug benefit reported that they had, in fact, received information about the new Medicare prescription drug benefit.

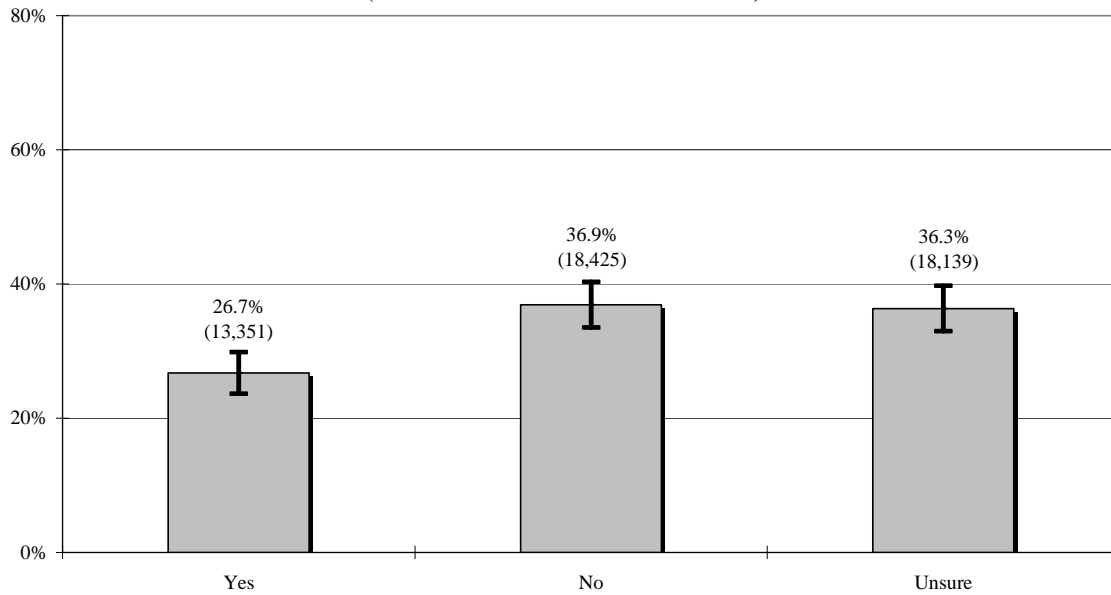
Figure 87
Have You Received any Information about the New Medicare
Prescription Drug Benefit, or Not?
(Asked of Residents Age 65 or Older)



Data Source: 2005 Vermont Household Health Insurance Survey

A little over a quarter of Medicare recipients (26.7%) reported that they are planning to enroll in a Medicare drug plan, while 36.9% do not plan on enrolling. Among those not planning to enroll about 7 out of every 10 (69.6%) indicate they already have a prescription drug plan or are simply not interested in enrolling.

Figure 88
In View of the New Medicare Drug Benefit, are You Planning to
Enroll in a Medicare Drug Plan?
(Asked of Residents And 65 and Older)



Data Source: 2005 Vermont Household Health Insurance Survey

Table 23
Percent of Respondents Who Gave Reasons for Not
Enrolling a the Medicare Drug Plan

Reason	%
Already have a plan	41.8
Not interested	27.8
Too expensive-Can't afford	6.8
Do not take enough medication	4.2
Advised not to enroll	4.0
Don't understand the plan-Don't trust the plan	4.1
Don't think it would be beneficial-Not a good plan	3.3
Don't qualify	3.1
Have not heard enough to decide	2.8
Already enrolled	1.1
Don't know how to enroll	0.3
Other	0.3
Unsure	0.4

M. Health Care Utilization

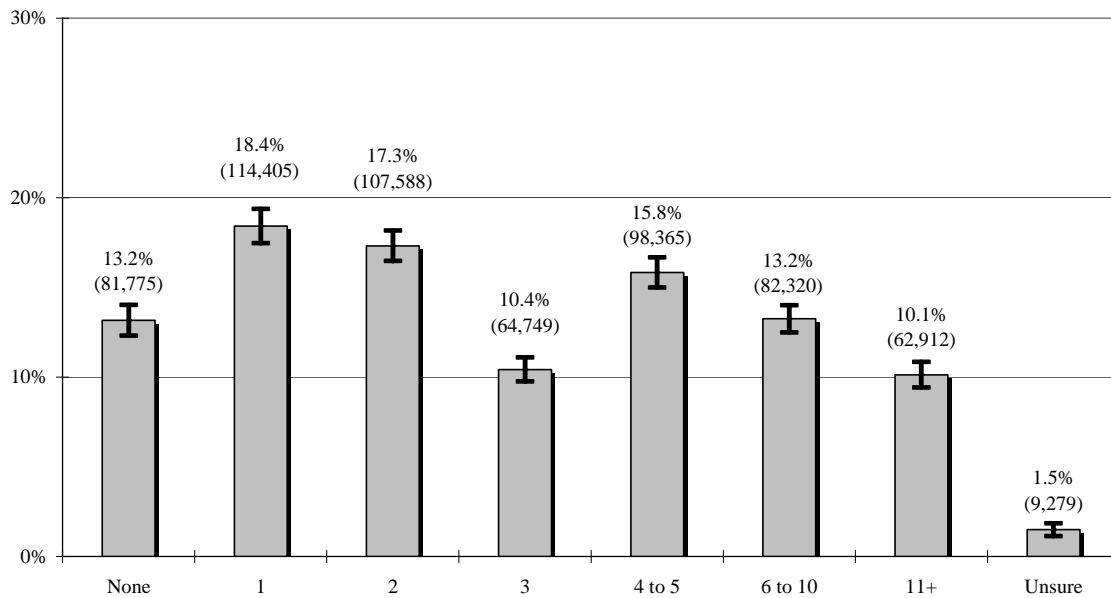
Key Findings

- During the previous twelve months, 46.1% of respondents visited a health care professional one to three times, 39.1% visited a health care professional four or more times, and only 13.2% never visited a health care professional. Among those who saw a health care professional at least once, about two-thirds (67.2%) reported that at least one visit was for a routine check-up while about a third (31.0%) reported that they had not gone for a check-up in the past year.
- Residents between ages 18 and 44 are the least likely to have seen a health care provider during the past 12 months.
- Residents with family incomes of 300% of the Federal Poverty Level or greater are more likely to have seen a health care provider during the past 12 months.
- Uninsured residents are the least likely to have not seen a health care provider during the past 12 months.
- When Vermont residents seek medical care, about 4 out of 5 (77.6%) report going to a private doctor's office: 14.7% visit a neighborhood health center and 4.4% go to a hospital outpatient department.
- Five percent (4.7%) of Vermont residents stayed overnight in a hospital during the past 12 months.
- Residents over age 65 were the most likely to have stayed overnight in a hospital while those under age 18 were the least likely to have stayed overnight in a hospital during the past 12 months.
- The percentage of residents who have stayed overnight in a hospital during the past 12 months decreases as family income increases.
- Residents enrolled in Medicare or Medicaid were most likely to have stayed overnight in a hospital during the past 12 months.
- Nine percent (9.1%) of Vermont residents sought medical care in an emergency room during the past 12 months.

- Residents over age 65 were the most likely to seek treatment in a hospital emergency room. Those under age 18 were the least likely to seek treatment in a hospital emergency room during the past 12 months.
- The percentage of residents seeking treatment in a hospital emergency room during the past 12 months decreases as family income increases.
- Residents enrolled in Medicare were more likely than other residents to seek treatment at a hospital emergency room.

Most (85.2%) Vermonters reported visiting a health care provider one or more times during the past 12 months with 39.1% who saw a provider 4 or more times. Only 13.2% of residents did not visit a health care provider in the past year.

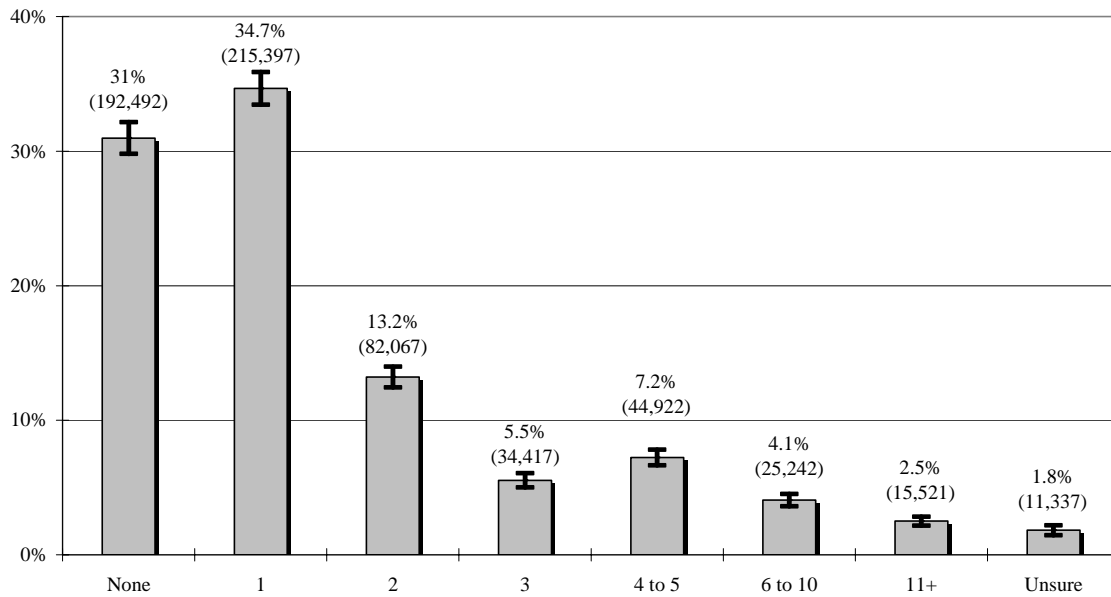
Figure 89
How Many Times Did Person See a Health Care Professional in the Past 12 Months?



Data Source: 2005 Vermont Household Health Insurance Survey

Among those who visited a health care provider at least once, about two-thirds (67.2%) reported that at least once visit was for a routine check-up while about a third (31.0%) reported that they had not gone for a check-up in the previous 12 months.

Figure 90
How Many Times Did Person See a Health Care Professional for
Check-Ups in the Past 12 Months?



Data Source: 2005 Vermont Household Health Insurance Survey

Residents between the ages 18 and 44 are slightly less likely to have seen a health care provider during the past 12 months overall. Among 18 to 29 and 30 to 44 year olds, 19.6% and 17.8%, respectively, did not go to a health care provider in the previous 12 months compared to 13.8% of 45 to 64 year olds, 8.6% of residents 18 or younger, and 5.4% of residents over 65. Furthermore, even when residents between the ages 18 and 44 have seen a health care provider they are the least likely to have gone for a routine check-up. Compared to 45.9% of 18 to 29 year olds and 43.6% of 30 to 44 year olds who did not go for a check-up in the previous year, only 30.2% of 45 to 64 year olds, 20.2% of residents younger than 18, and 15.7% of residents 65 or older did not receive a check-up in the previous year.

Table 24
How Many Times Did Resident See a Health Care Professional Overall and for
Routine Check-up In the Previous 12 Months by Age?
(As Percentage of Age Group)

	Age Categories				
	<18	18-29	30-44	45-64	65+
<i>Overall</i>					
None	8.6%	19.6%	17.8%	13.8%	5.4%
1	25.5%	18.3%	19.1%	16.5%	9.5%
2	20.2%	15.7%	17.5%	16.8%	15.1%
3	11.9%	10.5%	10.0%	10.4%	8.5%
4-5	16.2%	12.6%	13.2%	16.4%	21.5%
6-10	11.4%	10.4%	10.5%	14.7%	20.5%
11+	4.9%	9.8%	10.5%	10.8%	17.3%
Unsure	1.3%	3.1%	1.3%	0.7%	2.3%
<i>Check-up</i>					
None	20.2%	45.9%	43.5%	30.2%	15.7%
1	53.3%	27.3%	30.0%	33.0%	21.1%
2	11.6%	9.8%	10.9%	15.2%	18.7%
3	4.1%	4.6%	4.0%	6.8%	8.5%
4-5	5.9%	2.3%	4.3%	7.8%	18.3%
6-10	3.3%	2.8%	3.1%	3.8%	8.9%
11+	0.3%	4.1%	2.8%	2.1%	5.2%
Unsure	1.3%	3.3%	1.4%	1.1%	3.6%

Residents with family incomes of 300% of Federal Poverty Level or greater are slightly more likely to have seen a health care professional during the past 12 months as well as get a routine check-up. Comparing across income groups, 14% to 16.5% of residents with incomes less than 300% FPL have not seen a health care provider in the previous year while 10% to 11% of those with incomes greater than 300% did not see a health care provider in the previous year. Furthermore, of those with incomes less than 300% FPL who have seen a health care provider, 30% to 40% did not get a check-up in the previous year compared to about only a quarter of those with incomes greater than 300% who did not receive a check-up.

Table 25
How Many Times Did Resident See a Health Care Professional Overall and for
Routine Check-up by Family Income?
(As Percentage of Federal Poverty Level Group)

	Income Categories				
	<100%	100% - 199%	200% - 299%	300% - 399%	400%+
<i>Overall</i>					
None	15.8%	16.5%	14.1%	11.3%	10.4%
1	13.7%	17.8%	17.7%	21.7%	19.5%
2	12.8%	15.1%	17.3%	19.1%	19.6%
3	7.7%	8.2%	11.3%	10.9%	12.1%
4-5	16.7%	16.4%	16.2%	13.3%	16.3%
6-10	14.8%	12.7%	12.1%	13.9%	13.2%
11+	15.3%	12.0%	9.3%	8.7%	8.1%
Unsure	3.1%	1.4%	1.9%	1.2%	0.8%
<i>Check-up</i>					
None	38.8%	36.7%	31.8%	27.7%	25.4%
1	24.0%	28.1%	35.2%	39.8%	40.1%
2	10.1%	11.2%	12.2%	14.5%	15.7%
3	6.4%	5.5%	5.3%	5.6%	5.3%
4-5	7.2%	8.4%	7.1%	5.9%	7.3%
6-10	5.3%	4.9%	3.7%	3.3%	3.6%
11+	4.5%	3.5%	2.3%	1.9%	1.6%
Unsure	3.8%	1.9%	2.3%	1.3%	0.9%

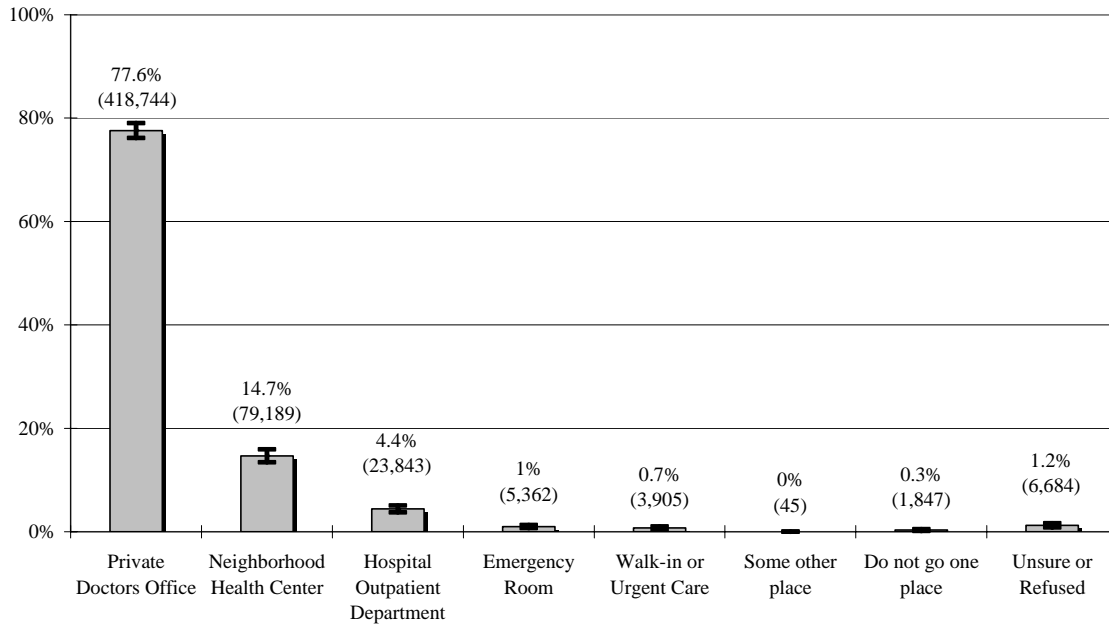
Not surprisingly, uninsured residents are the least likely to have seen a health care professional overall or for a routine check-up compared to other insurance types. While 38.9% of the uninsured did not see a health care provider in the previous year less than 13% of those with coverage did not see a health care provider. Additionally, about 7 out of every 10 (67.9%) uninsured residents who saw a health care provider did not go for a routine check-up compared to only about 1 in 4 who have some type of insurance who did not get a check-up.

Table 26
How Many Times Did Resident See a Health Care Professional Overall and for Routine Check-up by Primary Type of Insurance?

	Primary Type of Insurance Coverage				
	Private Insurance	Medicaid	Medicare	Military	Uninsured
<i>Overall</i>					
None	12.2%	7.5%	5.4%	12.2%	38.9%
1	20.7%	18.4%	8.3%	20.3%	19.2%
2	18.8%	17.1%	14.0%	16.1%	13.8%
3	11.5%	9.8%	8.0%	12.4%	7.8%
4-5	15.3%	18.9%	20.7%	15.6%	7.2%
6-10	12.6%	13.2%	20.6%	10.0%	6.9%
11+	7.7%	13.4%	20.8%	8.3%	4.4%
Unsure	1.1%	1.7%	2.2%	1.8%	1.8%
<i>Check-up</i>					
None	28.7%	29.1%	17.2%	29.8%	67.9%
1	40.6%	36.4%	20.2%	33.9%	17.9%
2	13.6%	12.6%	17.2%	10.9%	6.1%
3	5.5%	5.5%	8.4%	6.6%	1.6%
4-5	5.7%	6.1%	17.9%	8.8%	2.2%
6-10	3.1%	5.0%	9.2%	2.7%	1.0%
11+	1.5%	3.3%	6.5%	3.0%	1.3%
Unsure	1.3%	2.0%	3.5%	4.2%	2.1%

When asked where they go when they need medical attention, most (77.6%) Vermont residents reported they went to a private doctor's office, while 14.7% said they go to a neighborhood health center, another 4.4% of respondents went to a hospital outpatient department for care, and 1.0% sought medical attention in a hospital emergency room.

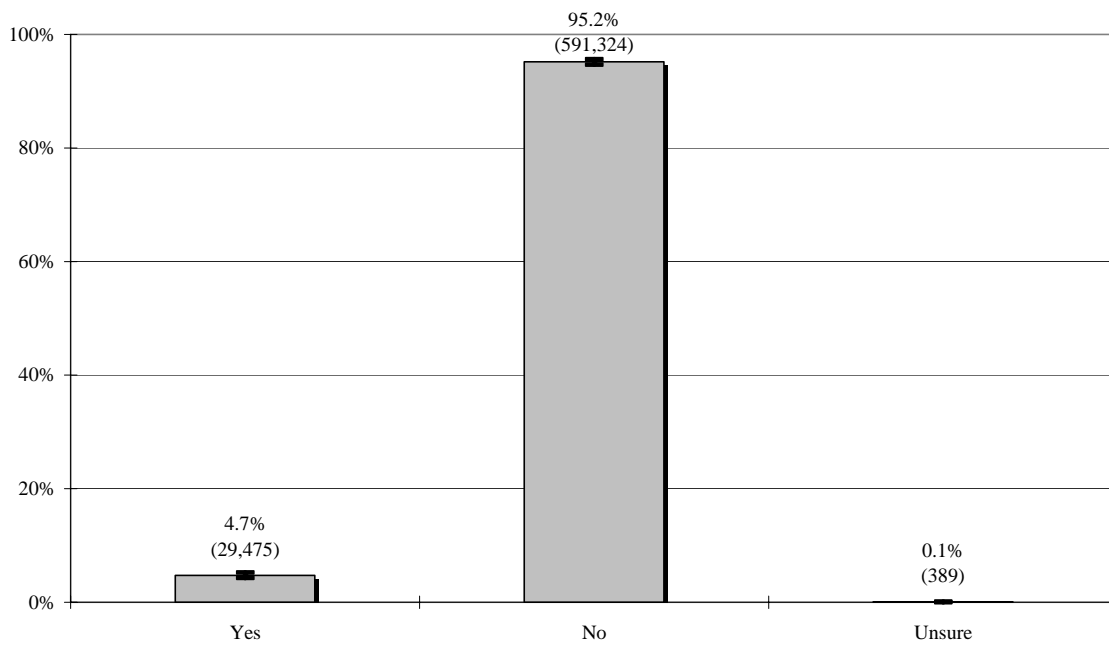
Figure 91
What Kind of Place Does Person Go When They Need Medical Attention?



Data Source: 2005 Vermont Household Health Insurance Survey

About five percent (4.7%) of Vermont residents reported staying overnight in a hospital during the past 12 months

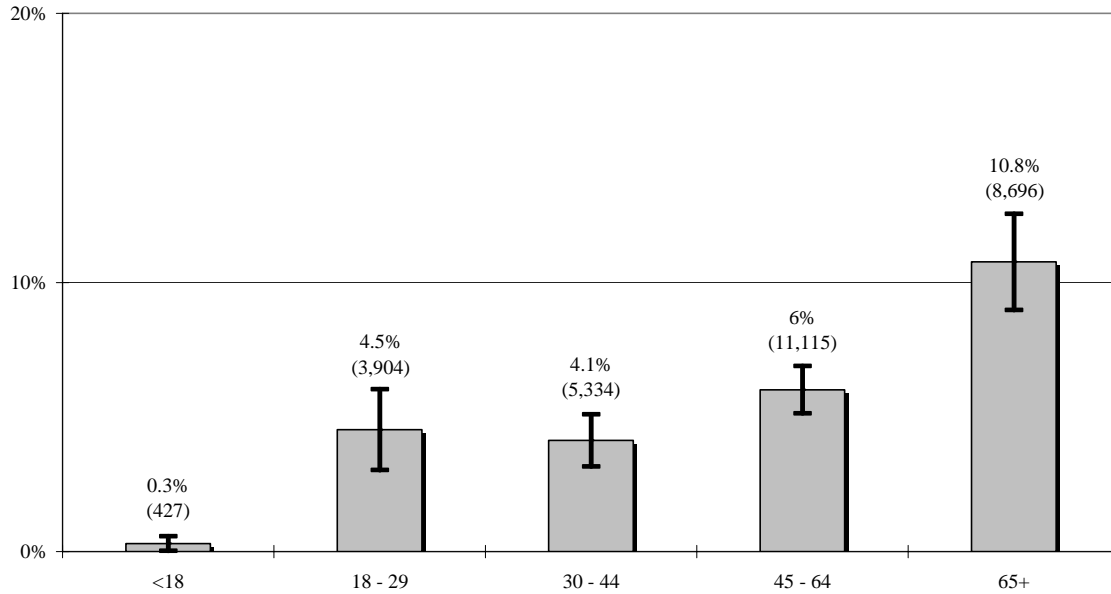
Figure 92
Has Person Stayed Overnight in a Hospital in the Last 12 Months?



Data Source: 2005 Vermont Household Health Insurance Survey

More than one in ten (10.8%) Vermont residents 65 or older had stayed overnight in a hospital during the past 12 months. This compares to 6.0% of adults ages 45 to 64, 4.1% of adults ages 30 to 44, 4.5% of adults ages 18 to 29, and less than 1% (0.3%) of children ages 0 to 17.

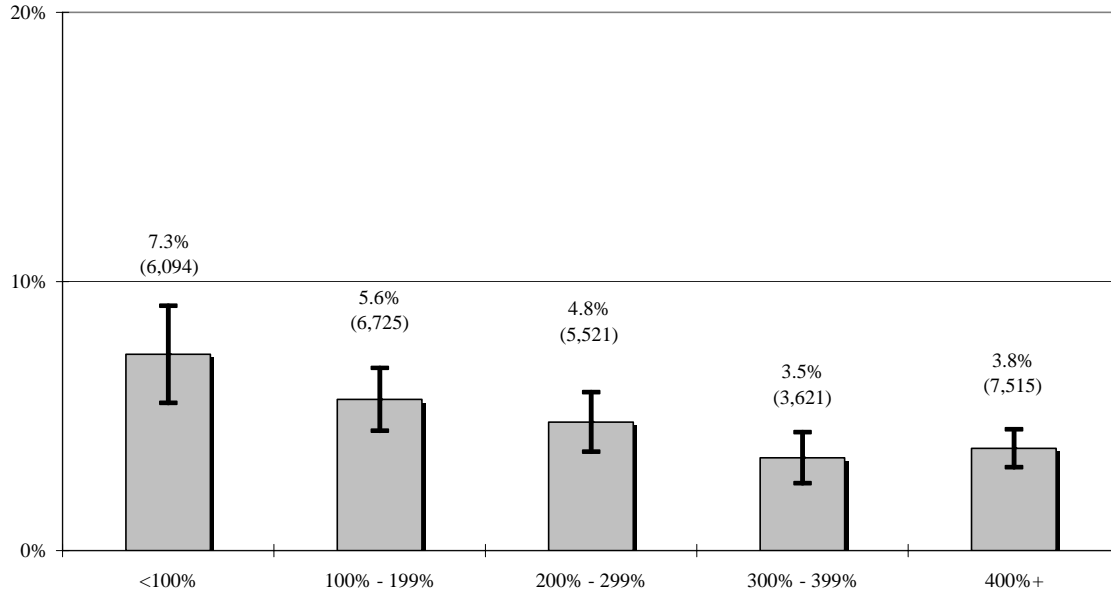
Figure 93
Percent Who Have Stayed Overnight in a Hospital in the Last 12 Months by Age
(As Percentage of Age Group)



Data Source: 2005 Vermont Household Health Insurance Survey

Seven percent (7.3%) of residents with family incomes of less than 100% FPL stayed overnight in a hospital during the previous year, 5.6% of residents with family incomes of 100% - 199% FPL, 4.8% of residents with incomes of 200% – 299% FPL, and 3.5% of residents with incomes of 300% or more FPL stayed overnight in a hospital during the previous year.

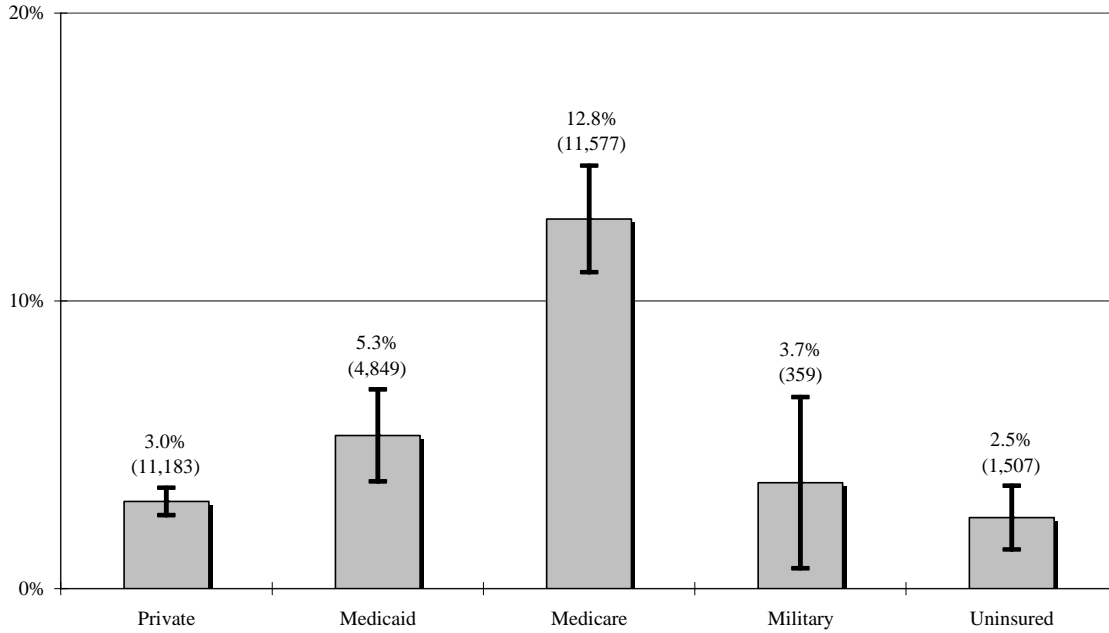
Figure 94
Percent Who Have Stayed Overnight in a Hospital in the Last 12 Months by Income
(As Percentage of Federal Poverty Level Group)



Data Source: 2005 Vermont Household Health Insurance Survey

Residents enrolled in Medicare were the most likely to have stayed overnight in a hospital during the past 12 months, with 12.8% of those covered by Medicare reporting having stayed overnight at a hospital compared to 5.3% or less of residents with other types of insurance or none.

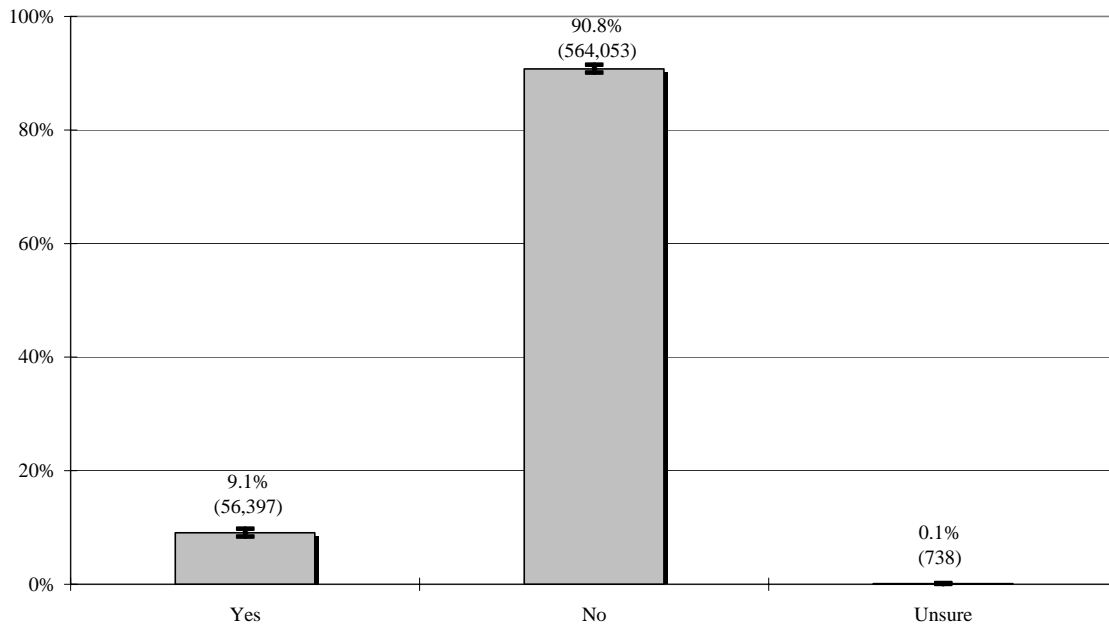
Figure 95
Percent Who Have Stayed Overnight in a Hospital in the Last 12 Months by
Primary Type of Health Insurance Coverage



Data Source: 2005 Vermont Household Health Insurance Survey

Nine percent (9.1%) of Vermont residents sought care in an emergency room during the past 12 months.

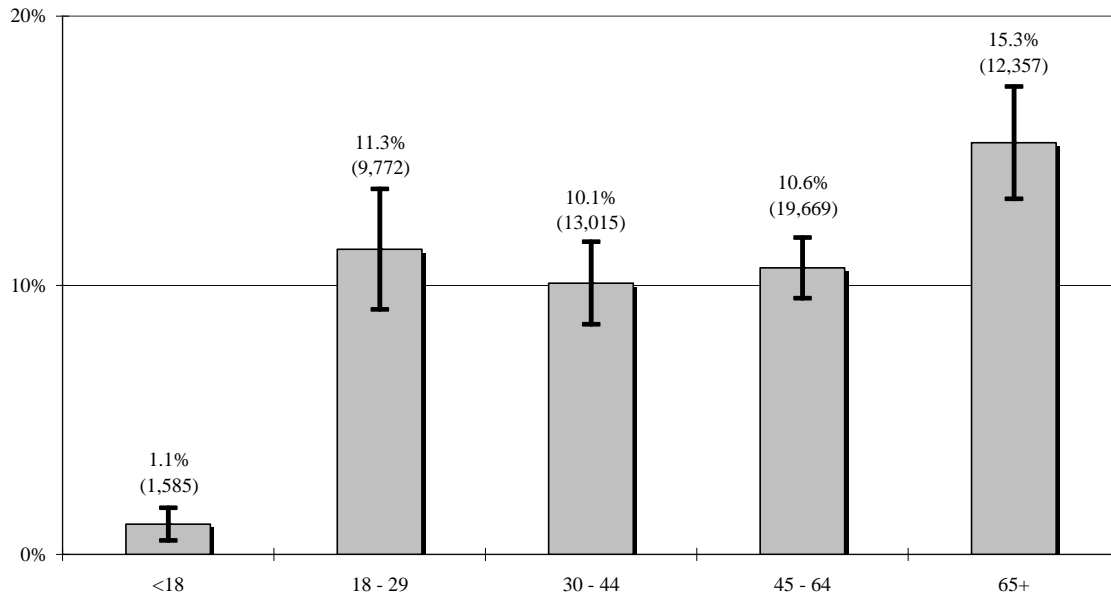
Figure 96
Has Person Sought Medical Care in an ER in the Last 12 Months?



Data Source: 2005 Vermont Household Health Insurance Survey

Residents over age 65 were slightly more likely to seek treatment in a hospital emergency room, while those under 18 were least likely to seek treatment in a hospital emergency room during the past 12 months. Compared to 15.3% of residents over 65, about 11.3% of those between 18 and 64 sought care in an emergency room while only 1.1% of those under 18 went to the ER.

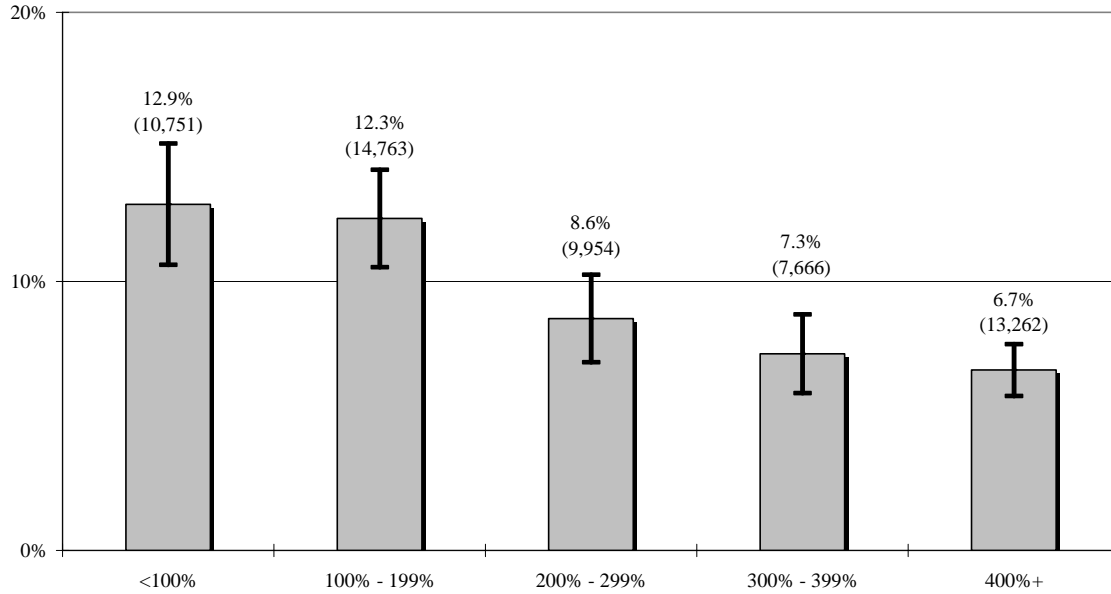
Figure 97
Percent Who Sought Medical Care in an ER in the Last 12 Months by Age
(As Percentage of Age Group)



Data Source: 2005 Vermont Household Health Insurance Survey

The percentage of residents who sought treatment in a hospital emergency room during the past 12 months decreases as family income increases. While the decline in residents seeking treatment in an emergency room was steady across increasing family income categories the drop was statistically significant between those making above 200% Federal Poverty Level and those below this level.

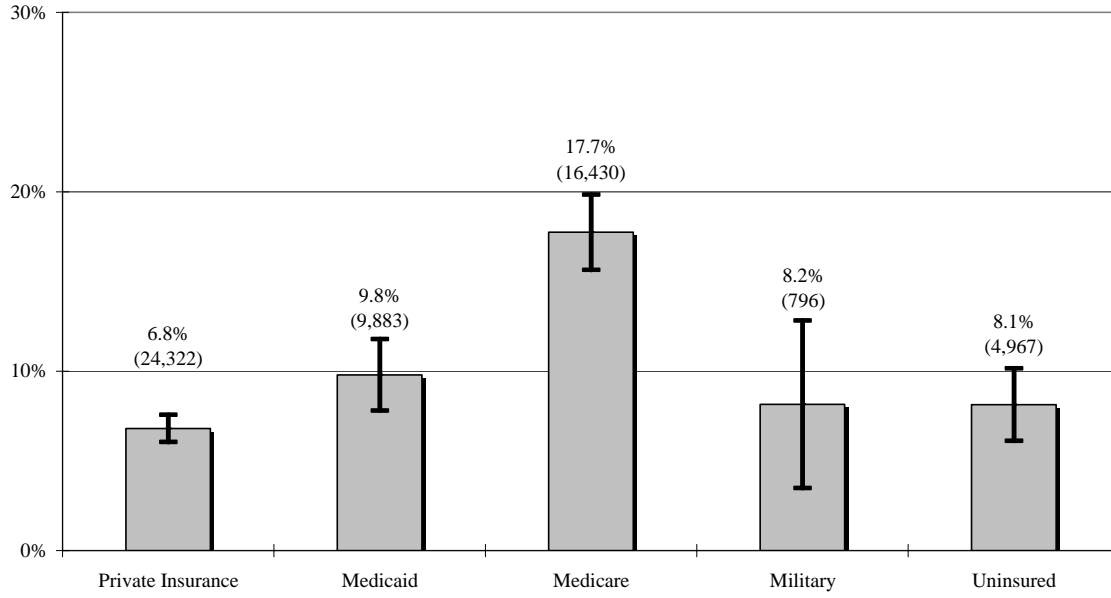
Figure 98
Percent Who Sought Medical Care in an ER in the Last 12 Months by Income
(As Percentage of Federal Poverty Level Group)



Data Source: 2005 Vermont Household Health Insurance Survey

Residents enrolled in Medicare were more likely than residents with other primary types of insurance to seek treatment at a hospital emergency room. Specifically, while about 1 out of every 5 (18.2%) Medicare enrollees sought care in an emergency room about 1 out of every 10 residents with other types of coverage (or lack of coverage) sought care in an ER.

Figure 99
Percent Who Sought Medical Care in an ER in the Last 12 Months by
Primary Type of Health Insurance Coverage



Data Source: 2005 Vermont Household Health Insurance Survey

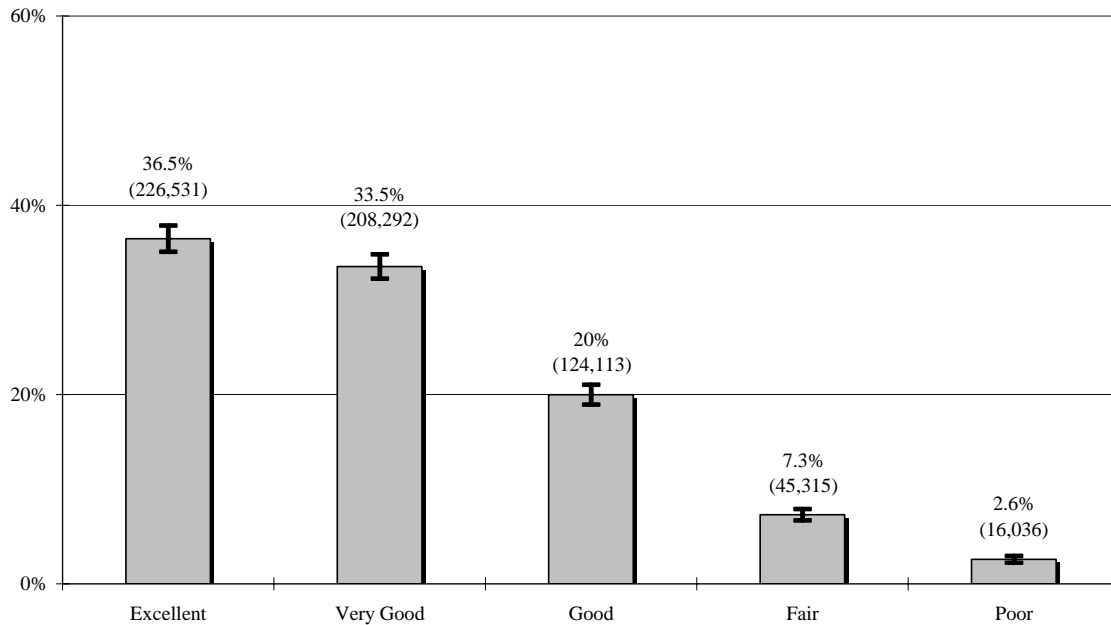
N. Health Status and Chronic Conditions

Key Findings

- More than two-thirds (70.0%) of Vermont residents report their health is excellent or very good.
- The percentage of Vermont residents reporting excellent health decreases with age, but increases with income.
- Residents on Medicare are less likely to indicate that their health is excellent.
- One in five Vermont residents report limited activities because of a physical or mental health problem.
- Groups most likely to report activity limitations include residents ages 65 and older, those whose family incomes are less than 100% of the Federal Poverty Level, and residents enrolled in Medicare.
- The most common chronic conditions cited by Vermont residents are high blood pressure, high cholesterol, and depression.
- The percentage of residents reporting diabetes, high blood pressure, and high cholesterol increases with age. With the exception of those under age 18, the percentage of residents reporting depression does not increase with age.
- The percentage of Vermont residents reporting depression decreases with increasing income.
- Residents on Medicare are more likely to report suffering from most chronic conditions.

Most (70.0%) Vermonters report their health status as excellent or very good. Only 9.9% report their health status as fair or poor.

Figure 100
Person's Health, in General, is...



Data Source: 2005 Vermont Household Health Insurance Survey

The percentage of Vermont residents reporting excellent health decreases with age but increases with income. Specifically, while almost 3 out of 5 (62.6%) children are described as being in excellent health, 2 out of 5 (41.0%) 18 to 29 year olds, 3 out of 10 (32.5%) 30 to 44 year olds, 1 out of 4 (26.2%) 45 to 64 year olds, and only a little more than 1 out of 10 (15.9%) residents 65 and older are described as being in excellent health. Among varying income groups there is a steady increase in the percentage of residents described as being in excellent health with about a quarter (27.9%) of those with family incomes less than 100% FPL described as such while 31.1% of those with incomes between 100% and 199%, 35.5% of those with incomes between 200% and 299%, 38.1% of those with incomes between 300% and 399%, and 43.0% of those with incomes 400% FPL or above are described as being in excellent health.

Table 27
Person's Health, in General, is...by Age
(As Percentage of Age Group)

	Age Categories				
	<18	18-29	30-44	45-64	65+
Excellent	62.6%	41.0%	32.5%	26.2%	15.9%
Very Good	25.7%	33.9%	38.8%	35.6%	33.5%
Good	9.7%	20.2%	19.8%	23.7%	29.4%
Fair	1.4%	3.7%	6.7%	10.2%	15.5%
Poor	0.4%	1.1%	1.9%	4.2%	5.4%
Unsure	0.0%	0.0%	0.0%	0.1%	0.4%

Table 28
Person's Health, in General, is...by Income
(As Percentage of Federal Poverty Level Group)

	Percent of the Federal Poverty Level				
	<100%	100% - 199%	200% - 299%	300% - 399%	400%+
Excellent	27.9%	31.1%	35.5%	38.1%	43.0%
Very Good	26.1%	33.7%	33.2%	35.4%	35.7%
Good	23.8%	21.2%	23.0%	19.9%	15.9%
Fair	14.5%	9.9%	6.1%	5.2%	4.5%
Poor	7.3%	3.9%	2.1%	1.2%	0.8%
Unsure	0.2%	0.0%	0.1%	0.0%	0.1%

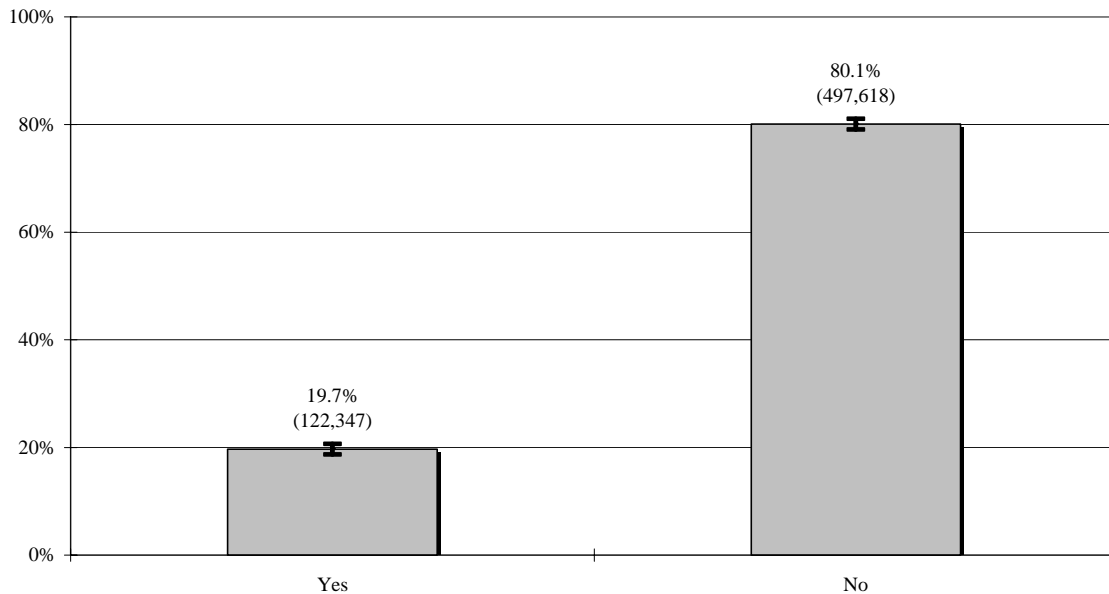
Vermont residents on Medicare are the least likely to be described as being in excellent health. This is most likely due to the fact that the majority of Medicare enrollees are age 65 or older.

Table 29
Person's Health, in General, is...by Primary Type of Insurance

	Primary Type of Insurance Coverage				
	Private Insurance	Medicaid	Medicare	Military	Uninsured
Excellent	41.6%	38.8%	14.8%	37.2%	33.6%
Very Good	35.9%	27.5%	29.0%	38.3%	33.9%
Good	17.5%	19.8%	28.7%	16.5%	22.9%
Fair	4.0%	8.6%	19.0%	5.4%	8.3%
Poor	0.9%	4.8%	8.2%	2.5%	1.3%
Unsure	0.0%	0.1%	0.4%	0.0%	0.1%

One in five (19.7%) Vermont residents indicate that their activities are limited because of a physical, mental, or emotional problem. Groups most likely to indicate they are limited in activities include those ages 65 and older, those whose family incomes are less than 100% of the Federal Poverty Level, and residents enrolled in Medicare.

Figure 101
Is PERSON LIMITED IN ANY WAY in
Any Activities Because of Physical, Mental or Emotional Problems?



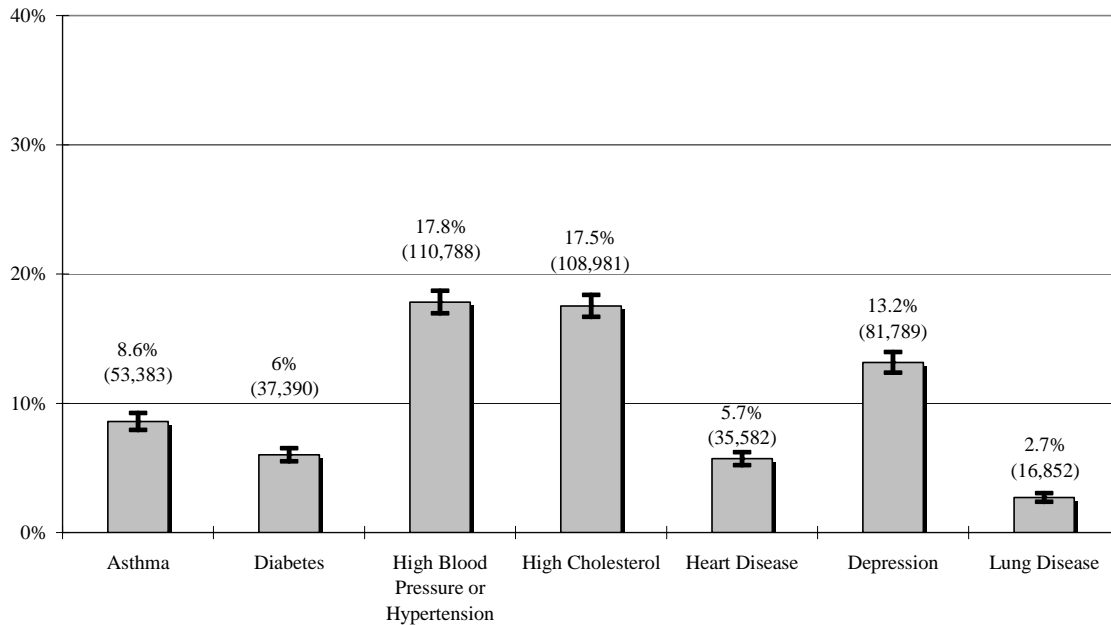
Data Source: 2005 Vermont Household Health Insurance Survey

Table 30
Is PERSON LIMITED IN ANY WAY in
any Activities because of Physical, Mental or Emotional Problems?

<i>Group</i>	<i>% indicating yes</i>
Age	
<18	8.8%
18-29	13.9%
30-44	17.0%
45-64	25.7%
65+	35.4%
Income (Federal Poverty Level)	
<100%	34.4%
100% - 199%	24.9%
200% - 299%	18.2%
300% - 399%	14.4%
400%+	14.0%
Primary Type of Health Insurance	
Private Insurance	13.3%
Medicaid	24.7%
Medicare	43.6%
Military	19.5%
Uninsured	15.8%

The two most frequently occurring chronic conditions among Vermont residents are high blood pressure or hypertension (with 17.8% affected by this condition) and high cholesterol (with 17.5% of residents reporting this condition). A sizeable percentage (13.2%) indicated they suffer from depression. Nine percent (8.6%) of Vermont residents were told by a doctor they have asthma, 6.0% report they were told by a doctor that they have diabetes, and 5.7% have heart disease. Only a small percentage (2.7%) indicated that they suffer from lung disease.

Figure 102
Percent Indicating They Have a Chronic Condition



Data Source: 2005 Vermont Household Health Insurance Survey

The percentage of residents reporting diabetes, high blood pressure, and high cholesterol increases with age. With the exception of those under age 18, the percentage of residents reporting depression does not increase with age. The percentage of Vermont residents reporting depression decreases with increasing income.

Table 31
Percent Indicating they Have Chronic Condition by Age
(As Percentage of Age Group)

	Age Categories				
	<18	18-29	30-44	45-64	65+
Asthma	9.6%	9.0%	9.2%	7.2%	7.4%
Diabetes	0.4%	1.3%	3.5%	9.4%	17.1%
High blood Pressure or hypertension	0.2%	3.3%	10.3%	27.3%	54.3%
High Cholesterol	0.2%	3.0%	13.3%	28.9%	44.0%
Heart Disease	0.4%	.9%	1.7%	6.1%	25.6%
Depression	3.1%	14.3%	16.7%	17.9%	13.1%
Lung Disease	0.2%	0.2%	1.2%	4.0%	9.1%

Table 32
Percent Indicating they Have Chronic Condition by Income
(As Percentage of Federal Poverty Level Group)

	Percent of the Federal Poverty Level				
	<100%	100% - 199%	200% - 299%	300% - 399%	400%+
Asthma	11.6%	9.0%	8.7%	8.7%	6.4%
Diabetes	8.5%	7.9%	5.5%	4.2%	5.1%
High blood Pressure or hypertension	19.2%	20.0%	15.7%	16.1%	18.1%
High Cholesterol	15.9%	17.9%	15.8%	18.1%	18.8%
Heart Disease	9.5%	7.8%	4.9%	4.3%	4.0%
Depression	21.4%	17.1%	11.3%	10.8%	9.6%
Lung Disease	5.0%	3.9%	2.8%	1.6%	1.6%

Residents on Medicare are more likely to report suffering from most chronic conditions. This difference is largely due to the fact the Medicare group is almost exclusively residents age 65 and older.

Table 33
Percent Indicating They Have a Chronic Condition by
Primary Type of Insurance Coverage

	Primary Type of Insurance Coverage				
	Private Insurance	Medicaid	Medicare	Military	Uninsured
Asthma	7.1%	13.1%	9.7%	7.7%	7.5%
Diabetes	4.1%	4.2%	17.6%	6.0%	3.1%
High blood Pressure or hypertension	13.3%	8.5%	52.4%	9.1%	9.7%
High Cholesterol	15.1%	8.3%	42.7%	19.2%	8.9%
Heart Disease	2.4%	2.9%	25.2%	2.6%	1.7%
Depression	10.6%	17.0%	20.1%	13.4%	12.9%
Lung Disease	1.2%	2.5%	10.6%	1.9%	0.9%

O. Health Care Barriers

Key Findings

- Cost is the major barrier to health care for many Vermonters. Among Vermont residents 3.9% or 24,206 individuals have forgone medical care from a doctor due to cost, 1.4% or 8,989 individuals have forgone mental health care or counseling due to cost, 10.5% or 65,525 individuals have forgone dental care due to cost, 1.9% or 11,775 individuals have forgone a needed diagnostic test due to cost, 3.0% or 18,838 individuals have forgone prescription medicines due to cost, and 4.9% or 30,335 individuals have skipped or taken smaller doses of a prescription to make it last longer. Compared to 2000, the percentage of residents forgoing medical care (6.8%), dental care (15.2%), and prescription medicines (4.6%) due to cost has decreased slightly.
- Children under the age of 18 are the least likely to have not received health care due to cost. Vermonters 65 or older are less likely, in general, to forgo health care due to cost compared to those between the ages of 18 and 64, however residents 65 or older were as likely as 18 to 64 year olds to skip or take smaller doses of prescription medicines to make them last longer.
- Cost as a barrier to health care declines with increasing income, not surprisingly; however, the income (as a percentage of the Federal Poverty Level or FPL) at which there is a statistically significant decline in those who have forgone care due to cost does vary for some of the types of health care addressed in this survey. Specifically, regarding medical care from a doctor and diagnostic tests, there are significantly lower percentages of residents who have forgone these types of care due to cost for those making 300% FPL or more. For dental care, there is a statistically significant decline in residents forgoing this care due to cost among those making 200% FPL or more. Additionally, there is a significant decline in the proportion of residents forgoing prescription medications due to cost only among those making 400% FPL or more.
- In general, uninsured residents were more likely than insured residents to forgo health care due to cost; however, the uninsured were no more likely to report skipping or taking smaller doses of a prescription medicine to make it last longer than those primarily covered by Medicaid or Medicare. Furthermore, those primarily covered by Medicaid were statistically more likely to have forgone medical care from a doctor, mental health care, and dental care due to cost than those primarily covered by other types of insurance. Finally, residents primarily covered by Medicaid or Medicare were statistically more likely than those primarily covered by private insurance to forgo needed prescription medicines due to cost.

- A higher proportion of residents who were without health insurance coverage sometime in the previous 12 months delayed health care in comparison to those who had insurance continuously throughout the previous 12 months.
- About 53.5% of Vermont families are somewhat concerned or very concerned about being able to afford prescription medicines for someone in the family.
- One out of every five (21.7%) Vermont families have experienced problems paying for medical bills for someone in the family.
- Fourteen percent (14.0%) of Vermont households have been contacted by a collection agency about owing money for unpaid medical bills for someone in the family. This is a significant increase from the 2000 administration at which time only 6.9% reported having been contacted by a collection agency about unpaid medical bills.
- About 1 out of every 20 (5.7%) Vermont families have had a family member who has had to change his or her life significantly in order to pay medical bills.

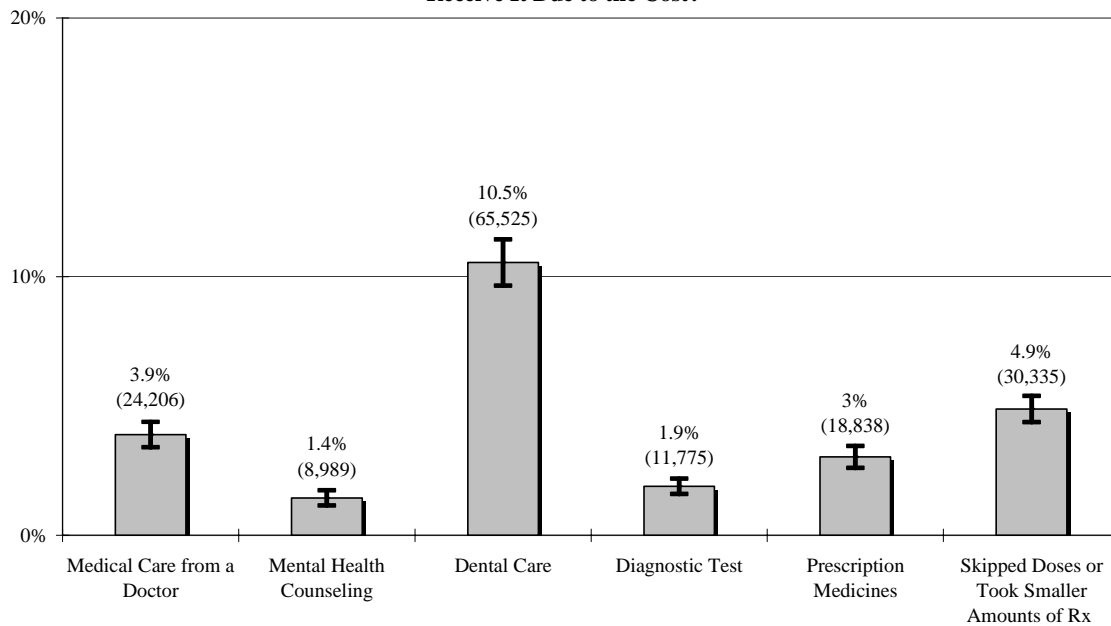
Cost is the major barrier to health care for many Vermonters. A number of Vermont residents are delaying needed health care due to cost and this is particularly true of the uninsured. Delaying care may lead to more serious medical issues, more costly treatment, or even death. Evidence suggests that those who delay care, particularly the uninsured, tend to receive less preventive health care, get diagnosed at later stages of a disease making treatment more difficult, and have higher mortality rates compared to those who do not delay care.⁷ Additionally, research by the Kaiser Family Foundation has found that among those who delayed health care, over half reported that they experienced a painful temporary disability, about half had significant loss of time at important life activities, and about 1 in 5 experienced long-term disability.⁸

⁷ Hadley, J. (2002). Sicker & Poorer: The Consequences of Being Uninsured; A Review of the Research on the Relationship Between Health Insurance, Health, Work, Income and Education. <http://www.kff.org/uninsured/upload/full-report.pdf>

⁸ The Kaiser Commission on Medicaid and the Uninsured (2003). Access to Care for the Uninsured: An Update. <http://www.kff.org/uninsured/upload/Access-to-Care-for-the-Uninsured-An-Update.pdf>

Among Vermont residents 3.9% or 24,206 individuals have forgone medical care from a doctor due to cost, 1.4% or 8,989 individuals have forgone mental health care or counseling due to cost, 10.5% or 65,525 individuals have forgone dental care due to cost, 1.9% or 11,775 individuals have forgone a needed diagnostic test due to cost, 3.0% or 18,838 individuals have forgone prescription medicines due to cost, and 4.9% or 30,335 individuals have skipped or taken smaller doses or a prescription to make it last longer. Compared to 2000, the percentage of residents forgoing medical care (6.8%), dental care (15.2%), and prescription medicines (4.6%) due to cost has decreased slightly.

Figure 103
Was There Any Time Resident Needed Particular Care But Did Not Receive It Due to the Cost?



Data Source: 2005 Vermont Household Health Insurance Survey

Children under the age of 18 are the least likely to have not received necessary health care due to cost. Among children, less than 1% forwent needed care for all types of care assessed except dental care for which only 3.9% did not receive care due to cost. Vermonters 65 or older are less likely, in general, to forgo health care due to cost compared to those between the ages of 18 and 64; however, residents 65 or older were as likely as 18 to 64 year olds to skip or take smaller doses of their prescription medicines to make them last longer.

Table 34
Was There Any Time Resident Needed Particular Care but Did Not Receive It Due to the Cost by Age
(As Percentage of Age Group)

	Age Categories				
	<18	18-29	30-44	45-64	65+
Medical Care from a Doctor	0.2%	8.3%	6.3%	4.2%	1.0%
Mental Health Care or Counseling	0.6%	2.2%	2.7%	1.4%	0.1%
Dental Care	3.9%	19.5%	15.5%	10.7%	4.2%
Diagnostic Test	0.0%	2.1%	2.7%	3.3%	0.4%
Prescription Medicines	0.6%	4.6%	4.2%	3.8%	2.0%
Skipped Doses or Rx to make it last longer	0.4%	5.0%	7.1%	6.6%	5.2%

Cost as a barrier to health care declines with increasing income, not surprisingly; however, the income (as a percentage of the Federal Poverty Level or FPL) at which there is a statistically significant decline in those who have forgone care due to cost does vary for some of the types of health care addressed in this survey. Specifically, regarding medical care from a doctor and diagnostic tests, there are significantly lower percentages of residents who have forgone these types of care due to cost for those making 300% FPL or more. The proportion of residents who have forgone medical care from a doctor due to cost decreased from about 5% to about 2% at the 300% FPL cutoff while the proportion of residents who have skipped a diagnostic test decreased from about 3% to less than 1% at the 300% cutoff. For dental care, there is a statistically significant decline in residents forgoing this care due to cost among those making 200% FPL or more with about 19% of those making less than this threshold skipping care while 12% or less skipped dental care among those making more than 200% FPL. Additionally, there is a significant decline in the proportion of residents forgoing prescription medications due to cost only among those making 400% FPL or more. The proportion of residents forgoing this type of care decreased from about 2% to less than 1% at the 400% FPL cutoff.

Table 35
Was There Any Time Resident Needed Particular Care but Did Not Receive It Due
to the Cost by Family Income
(As Percentage of Federal Poverty Level)

	Percent of the Federal Poverty Level				
	<100%	100% - 199%	200% - 299%	300% - 399%	400%+
Medical Care from a Doctor	7.3%	6.7%	4.8%	2.2%	1.1%
Mental Health Care or Counseling	2.7%	2.4%	1.7%	1.1%	0.4%
Dental Care	18.5%	18.1%	12.2%	7.2%	3.5%
Diagnostic Test	2.3%	3.0%	3.2%	0.8%	0.9%
Prescription Medicines	5.1%	5.5%	3.7%	2.1%	0.8%
Skipped Doses or Rx to make it last longer	7.8%	7.4%	5.0%	3.8%	2.6%

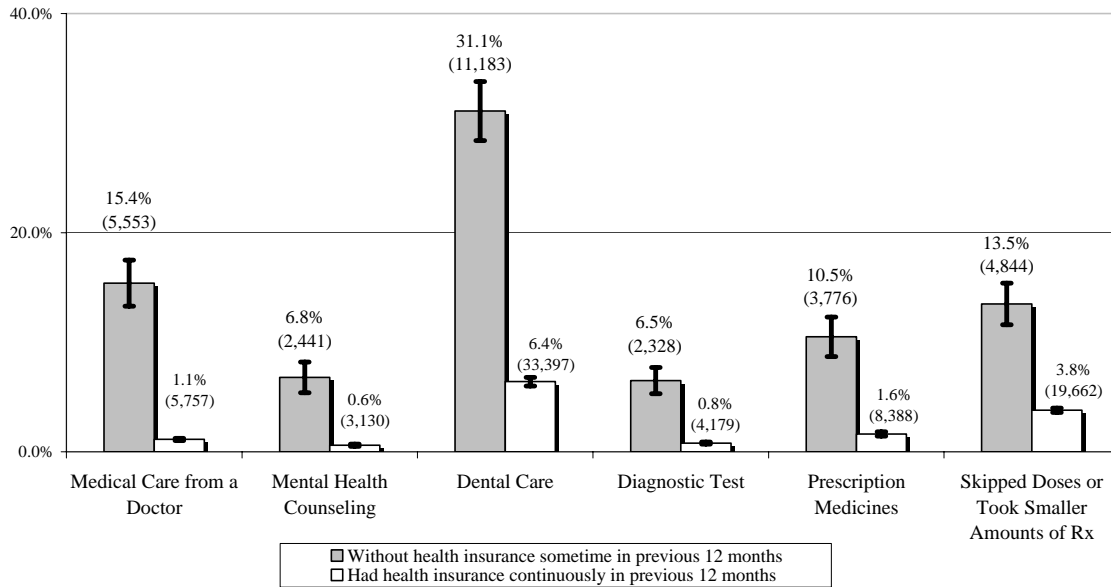
In general, uninsured residents were more likely than insured residents to forgo health care due to cost; however, the uninsured were no more likely to report skipping or taking smaller doses of a prescription medicine to make it last longer than those primarily covered by Medicaid or Medicare. Furthermore, those primarily covered by Medicaid were statistically more likely to have forgone medical care from a doctor, mental health care, and dental care due to cost than those primarily covered by other types of insurance. Finally, residents primarily covered by Medicaid or Medicare were statistically more likely than those primarily covered by private insurance to forgo needed prescription medicines due to cost.

Table 36
Was There Any Time Resident Needed Particular Care but Did Not Receive It
Due to the Cost by Primary Type of Insurance

	Primary Type of Insurance Coverage				
	Private Insurance	Medicaid	Medicare	Military	Uninsured
Medical Care from a Doctor	1.7%	4.0%	1.6%	0.0%	21.0%
Mental Health Care or Counseling	0.8%	2.1%	0.8%	0.6%	5.5%
Dental Care	6.5%	14.7%	7.7%	5.5%	34.0%
Diagnostic Test	1.0%	1.6%	1.3%	1.4%	8.6%
Prescription Medicines	1.4%	4.0%	3.7%	1.7%	10.7%
Skipped Doses or Rx to make it last longer	3.2%	6.3%	7.8%	2.2%	9.3%

A higher proportion of residents who were without health insurance coverage sometime in the previous 12 months delayed health care in comparison to those who had insurance continuously throughout the previous 12 months.

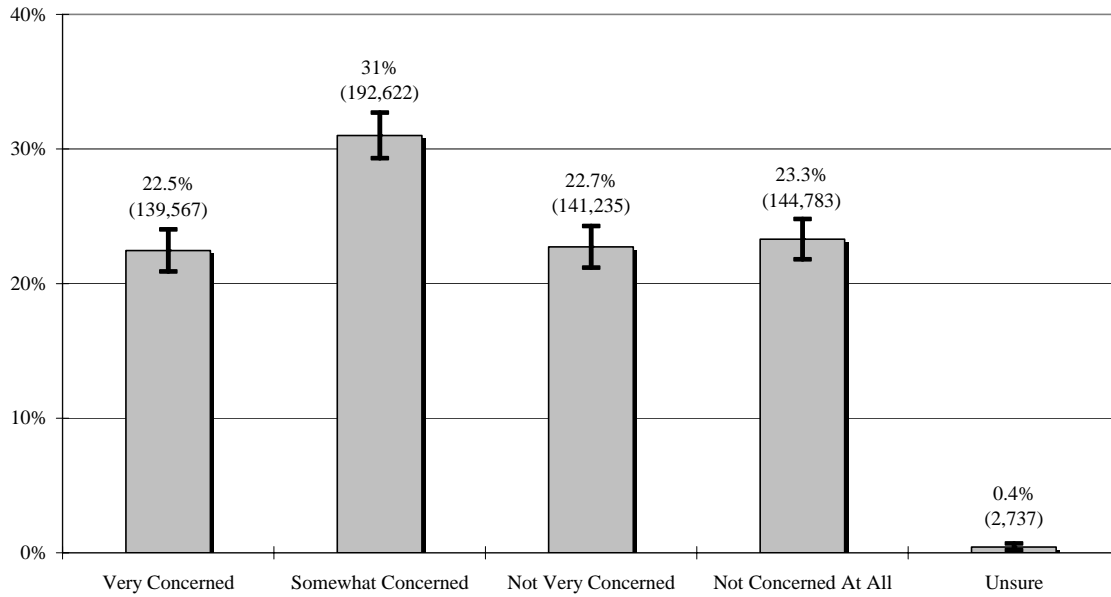
Figure 104
Was There Any Time Resident Needed Particular Care But Did Not Receive It Due to the Cost by Whether Resident was Without Insurance Sometime In the Previous 12 Months



Data Source: 2005 Vermont Household Health Insurance Survey

About 52.6% of Vermont families are somewhat concerned or very concerned about being able to afford prescription medicines for someone in the family.

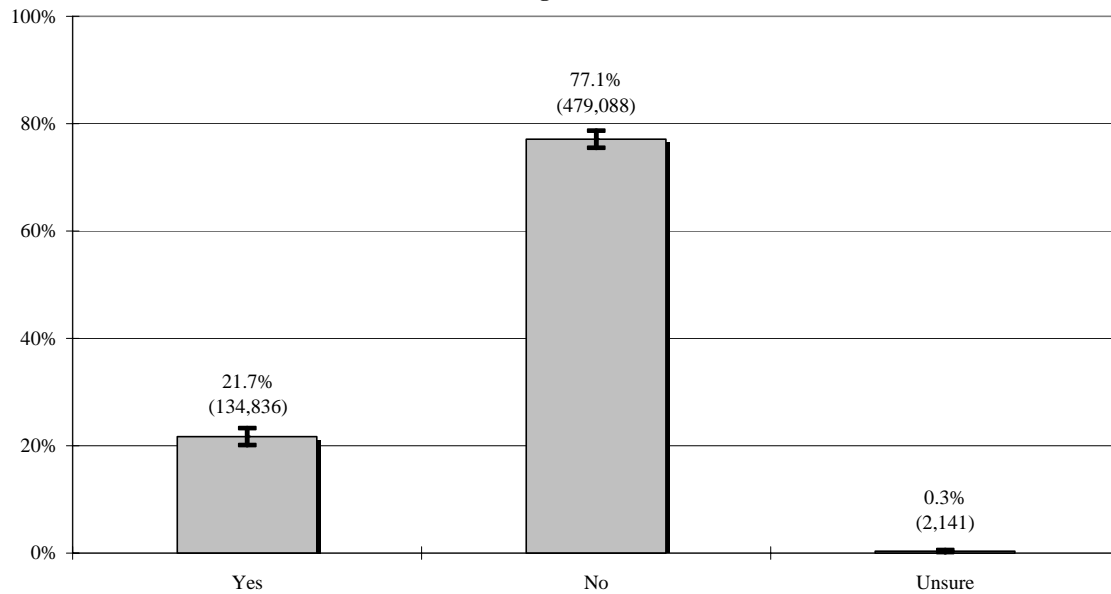
Figure 105
To What Extent are you Concerned about being able to Afford Prescription Medicines?
(Percentage of Families)



Data Source: 2005 Vermont Household Health Insurance Survey

One out of every five (21.7%) Vermont families have experienced problems paying for medical bills for someone in the family.

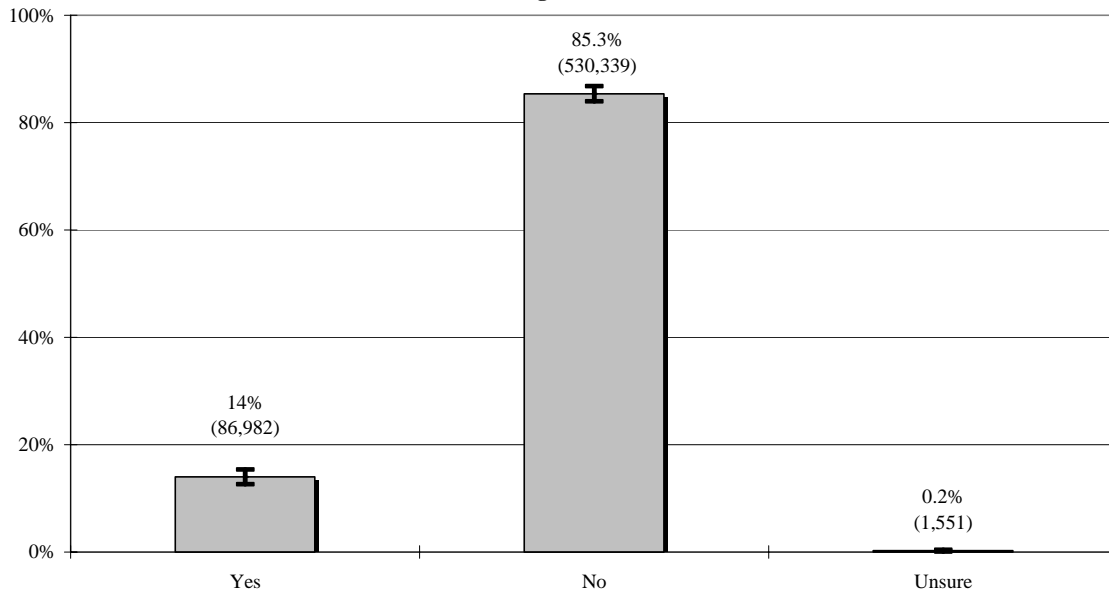
Figure 106
Were There Times That There Were Problems Paying
for Medical Bills for Anyone in Your Family?
(Percentage of Families)



Data Source: 2005 Vermont Household Health Insurance Survey

Fourteen percent (14.0%) of Vermont families have been contacted by a collection agency about owing money for unpaid medical bills for someone in the family. This percentage has increased significantly from the 6.9% who reported being contacted by a collection agency for unpaid medical bills in 2000. This increase in the proportion of Vermont families being contacted by a collection agency in combination with the decreases in the percentage of residents forgoing medical care, dental care, and prescription medicines may indicate that residents are seeking the care they need regardless of their ability to pay.

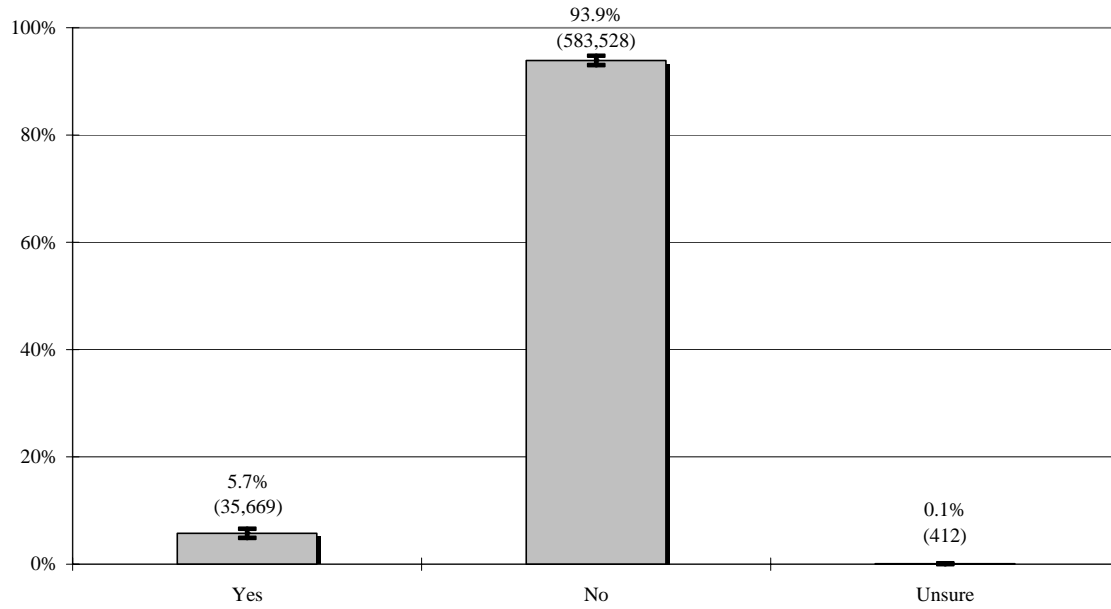
Figure 107
Was Anyone in Your Family Contacted by a Collection Agency About
Owing Money for Unpaid Medical Bills?
(Percentage of Families)



Data Source: 2005 Vermont Household Health Insurance Survey

About 1 out of every 20 (5.7%) of Vermont families have had a family member who has had to change his or her life significantly in order to pay medical bills.

Figure 108
Did You or Anyone in Your Family have to Change their Life
Significantly in Order to Pay Medical Bills?
(Percentage of Families)



Data Source: 2005 Vermont Household Health Insurance Survey