



Mat-Su Health Foundation Resolution in Support of Increased Denali KidCare Income Eligibility Level

WHEREAS the Mat-Su Health Foundation's mission is to enhance the health of Alaskans living in Mat-Su, and where health is in part determined by access to primary, behavioral, and dental care and preventive services;

WHEREAS the provision of health insurance is a key component of healthcare access;

WHEREAS the Mat-Su Borough is the fastest growing area of Alaska, growing from 5,188 in 1960 to 82,515 in 2008 due to both positive birth and in-migration rates; and the AK Department of Labor projects that all Mat-Su age groups will continue to grow through 2020;ⁱ

WHEREAS in 2006, of the 22,868 children in Mat-Su, approximately 12.9% or 2,949 were uninsured;ⁱⁱ

WHEREAS in 2006, approximately 19.5% or 1,530 children in Mat-Su living at or below 200% Federal Poverty Level (FPL) were uninsured;ⁱⁱⁱ

WHEREAS the Average Monthly Medicaid Enrollment *decreased* from 12,073 in 2006 to 11,671 in 2007 in Mat-Su despite a *rising* rate of uninsured coupled with significant population growth;^{iv}

WHEREAS in Mat-Su nearly a quarter (23.5%) of all female headed households fell below the poverty level, 51.9% of those with children under 5 years of age were living in poverty compared to 32% of similar households in AK;^v

WHEREAS 11.3% of families with related children in Mat-Su and 11.2% of families with related children in AK have lived below the poverty level in the last 12 months;^{vi}

WHEREAS 37% of Mat-Su Borough School District students ages five to 17 live in households receiving Public Assistance;^{vii}

WHEREAS Mat-Su Regional Medical Center, the sole community acute care provider in Mat-Su, supplied \$339,554,984 in uncompensated care from 2007 through 2009 and saw uncompensated care rates rise 10% between 2007 and 2008 and 5% between 2008 to 2009;

WHEREAS the rate of uninsured children under age 18 in Alaska is increasing—from 8.4% in 2005 to 10.3% in 2006 to 11.4% in 2007 to 13.2% in 2008;^{viii}

WHEREAS results of the 2007 National Survey of Children's Health 2007 reflect that

- 46% of Alaska's children live at or below 200% FPL as compared to 40.6% nationwide;
- 12.8% of Alaskan children under age 18 were uninsured at the time of the survey versus 9.1% nationwide; and only four states have lower rates than AK
- 18% of Alaskan children under age 18 were currently uninsured or had periods of no coverage during the year versus 15.1% nationwide
- 21% of Alaskan children living at or below 99% FPL were uninsured at the time of the survey versus 15% nationwide
- 28.8% of Alaskan children living at or below 99% FPL had periods of no coverage during the year versus 24.2% nationwide

- 17% of Alaskan children living at or below 199% FPL had no coverage at the time of the survey versus 13.9% nationwide
- 25.1% of Alaskan children living at or below 199% FPL had periods of no coverage during the year versus 24.3% nationwide;^{ix}

WHEREAS approximately 10,000 Alaskan children 18 years or younger and below 200% FPL are uninsured,^x and 36,000 Alaskan children 19 years or younger and below 200% FPL rely on government health insurance to provide access to health care services;^{xi}

WHEREAS Alaska has seen a 31% decline in the number of children covered by private health insurance in the past decade;^{xii}

WHEREAS the cost of caring for uninsured children is passed on to other Alaskans and businesses, raising premiums and out-of-pocket expenses for everyone;^{xiii}

WHEREAS uninsured children are nine times less likely to have a regular doctor, four times more likely to be taken to emergency rooms, and 25% more likely to miss school than insured children;^{xiv}

WHEREAS the Denali KidCare upper income eligibility guideline was decreased in 2007 to 175% FPL from 200% FPL;

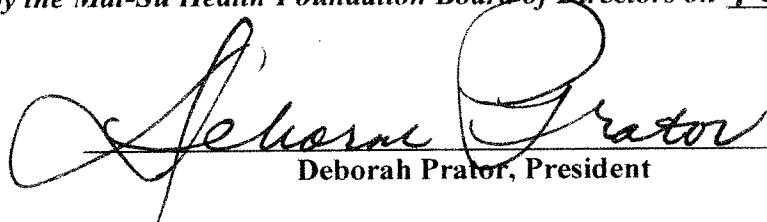
WHEREAS increasing Denali KidCare income eligibility levels to at least 200% FPL will increase health care access for children and families that meet this criterion;

WHEREAS expanding the Denali KidCare income eligibility levels would result in improved public health and overall health outcomes throughout the state for Alaskan children;

WHEREAS the Children's Health Insurance Program Reauthorization Act of 2009 (CHIPRA) reauthorized and expands the State Children's Health Insurance Program of 1997 to allow states to implement coverage up to 300% FPL and also provides for Performance Bonuses for states enrolling additional children in Medicaid;

BE IT THEREFORE RESOLVED that the Mat-Su Health Foundation supports and advocates for the Denali KidCare income eligibility level to be increased to *at least* 200% FPL and that a cost-sharing option is considered between 200% and 300% FPL.

Approved by the Mat-Su Health Foundation Board of Directors on February 15, 2010 (date)



Deborah Prator, President

ⁱ Matanuska-Susitna Borough. Alaska Department of Labor, Division of Research & Analysis.
<http://laborstats.alaska.gov/cgi/databrowsing/localAreaProfileOSResults.asp?geogArea=0204000170&population+census+data=Population&B1=View+Report>.

ⁱⁱ 2006 Small Area Health Insurance Estimates. U.S. Census. <http://www.census.gov/did/www/sahie/data/index.html>

ⁱⁱⁱ Ibid.

^{iv} Alaska Health Care Data Book, page 241. Alaska Department of Health & Social Services. November 2007.

^v Ibid.

^{vi} Ibid.

^{vii} Ibid.

^{viii} U.S. Census Bureau, Current Population Survey, 2006 to 2008 Annual Social and Economic Supplements.
<http://www.census.gov/hhes/www/hlthins/hlthins.html>

^{ix} 2007 National Survey of Children's Health. Data Resource Center. 2007.
<http://nschdata.org/DataQuery/SurveyQuestions.aspx?yid=2&tid=44&geoid=1>

^x U.S. Census Bureau, Current Population Survey, 2006 to 2008 Annual Social and Economic Supplements.
<http://www.census.gov/hhes/www/hlthins/hlthins.html>

^{xi} Ibid.

^{xii} Legislative Health Care Initiatives Presentation to the Anchorage Chamber of Commerce, August 27, 2007.

^{xiii} Ibid.

^{xiv} Ibid.