



STATE OF DELAWARE  
STATE COUNCIL FOR PERSONS WITH DISABILITIES  
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**MEMORANDUM**

DATE: January 25, 2011

TO: All Members of the Delaware State Senate  
and House of Representatives

FROM: Ms. Daniese McMullin-Powell *Daniese McMullin-Powell* Chairperson  
State Council for Persons with Disabilities

RE: H.B. 2 [CHIP Expansion]

The State Council for Persons with Disabilities (SCPD) has reviewed H.B. 2 which would extend financial eligibility for Delaware's CHIP program to include reduced-cost health insurance coverage for children of families with personal incomes up to 300% of the Federal Poverty Level. SCPD endorsed the predecessor bill (H.B. 22) introduced in the 145<sup>th</sup> General Assembly. Council endorses the proposed legislation since it would enhance access to health insurance and has the following observations.

First, the bill provides an extensive list of findings justifying this initiative. They include the following: 1) increase in percent of uninsured children in Delaware from 7.5% (2000-2002) to 10.7% (2004-2006); 2) large number (20,000) of children in State without health insurance; and 3) deleterious effects of lack of health insurance on school attendance and performance. In addition, SCPD is attaching some updated statistics from the Kaiser Foundation indicating that 10% (21,300) of Delaware's children were uninsured in 2008-2009.

Second, please see attached May 18, 2006, December 6, 2006, and April 30, 2007 News Journal articles corroborating the large number of uninsured Delawareans including statistics indicating that the rate of uninsured Delawareans is highest in Sussex County.

Thank you for your consideration and please contact SCPD if you have any questions regarding our position or observations on the proposed legislation.

cc: The Honorable Jack A. Markell  
Mr. Brian Hartman, Esq.  
Governor's Advisory Council for Exceptional Citizens  
Developmental Disabilities Council



Delaware: Nonelderly Uninsured

Compare Delaware to:

Nonelderly Uninsured

**Distribution of the Nonelderly Uninsured by Age, states (2008-2009), U.S. (2009)**

|          | DE #    | DE % | US #       | US % |
|----------|---------|------|------------|------|
| Children | 21,300  | 20%  | 8,284,500  | 17%  |
| Adults   | 82,900  | 80%  | 41,713,400 | 83%  |
| Total    | 104,100 | 100% | 49,997,900 | 100% |

[\(show/hide notes\)](#)

**Distribution of the Nonelderly Uninsured by Family Work Status, states (2008-2009), U.S. (2009)**

|                             | DE #    | DE % | US #       | US % |
|-----------------------------|---------|------|------------|------|
| At Least 1 Full Time Worker | 69,100  | 66%  | 30,663,900 | 61%  |
| Part Time Workers           | 12,100  | 12%  | 8,049,800  | 16%  |
| Non Workers                 | 22,900  | 22%  | 11,284,200 | 23%  |
| Total                       | 104,100 | 100% | 49,997,900 | 100% |

[\(show/hide notes\)](#)

**Distribution of the Nonelderly Uninsured by Federal Poverty Level (FPL), states (2008-2009), U.S. (2009)**

|            | DE #    | DE % | DE % of US Total | US #       | US % | US % of US Total |
|------------|---------|------|------------------|------------|------|------------------|
| Under 100% | 36,600  | 35%  | <1%              | 19,831,900 | 40%  | 100%             |
| 100-138%   | 12,800  | 12%  | <1%              | 6,060,700  | 12%  | 100%             |
| 139-250%   | 26,000  | 25%  | <1%              | 12,877,100 | 26%  | 100%             |
| 251-399%   | 16,100  | 15%  | <1%              | 6,476,400  | 13%  | 100%             |
| 400%+      | 12,700  | 12%  | <1%              | 4,751,900  | 10%  | 100%             |
| Total      | 104,100 | 100% | <1%              | 49,997,900 | 100% | 100%             |

[\(show/hide notes\)](#)

**Distribution of the Nonelderly Uninsured by Gender, states (2008-2009), U.S. (2009)**

|        | DE #    | DE % | US #       | US % |
|--------|---------|------|------------|------|
| Female | 45,200  | 43%  | 22,804,600 | 46%  |
| Male   | 58,900  | 57%  | 27,193,300 | 54%  |
| Total  | 104,100 | 100% | 49,997,900 | 100% |

[\(show/hide notes\)](#)

**Distribution of the Nonelderly Uninsured by Race/Ethnicity, states (2008-2009), U.S. (2009)**

|          | DE #    | DE % | DE % of US Total | US #       | US % | US % of US Total |
|----------|---------|------|------------------|------------|------|------------------|
| White    | 55,000  | 53%  | <1%              | 23,379,400 | 47%  | 100%             |
| Black    | 23,300  | 22%  | <1%              | 7,581,100  | 15%  | 100%             |
| Hispanic | 20,200  | 19%  | <1%              | 15,617,700 | 31%  | 100%             |
| Other    | NSD     | NSD  | NSD              | 3,419,700  | 7%   | 100%             |
| Total    | 104,100 | 100% | <1%              | 49,997,900 | 100% | 100%             |

[\(show/hide notes\)](#)

**Uninsured Rates for the Nonelderly by Age, states (2008-2009), U.S. (2009)**

|          | DE #    | DE % | US #       | US % |
|----------|---------|------|------------|------|
| Children | 21,300  | 10%  | 8,284,500  | 10%  |
| Adults   | 82,900  | 16%  | 41,713,400 | 22%  |
| Total    | 104,100 | 14%  | 49,997,900 | 19%  |

[\(show/hide notes\)](#)

| Uninsured Rates for the Nonelderly by Family Work Status, states (2008-2009), U.S. (2009) |         |      |            |      |
|---|---------|------|------------|------|
|   | DE #    | DE % | US #       | US % |
| At Least 1 Full Time Worker   | 69,100  | 12%  | 30,663,900 | 15%  |
| Part Time Workers   | 12,100  | 21%  | 8,049,800  | 33%  |
| Non Workers   | 22,900  | 25%  | 11,284,200 | 30%  |
| Total   | 104,100 | 14%  | 49,997,900 | 19%  |

(show/hide notes)

| Uninsured Rates for the Nonelderly by Federal Poverty Level (FPL), states (2008-2009), U.S. (2009) |         |      |            |      |
|--|---------|------|------------|------|
|  | DE #    | DE % | US #       | US % |
| Under 100%   | 36,600  | 31%  | 19,831,900 | 36%  |
| Under 139%   | 49,400  | 29%  | 25,892,600 | 35%  |
| 139-250%   | 26,000  | 20%  | 12,877,100 | 25%  |
| 251-399%   | 16,100  | 10%  | 6,476,400  | 13%  |
| 400%+  | 12,700  | 4%   | 4,751,900  | 5%   |
| Total  | 104,100 | 14%  | 49,997,900 | 19%  |

(show/hide notes)

| Uninsured Rates for the Nonelderly by Gender, states (2008-2009), U.S. (2009) |         |      |            |      |
|---|---------|------|------------|------|
|   | DE #    | DE % | US #       | US % |
| Female  | 45,200  | 12%  | 22,804,600 | 17%  |
| Male  | 58,900  | 16%  | 27,193,300 | 21%  |
| Total   | 104,100 | 14%  | 49,997,900 | 19%  |

(show/hide notes)

| Uninsured Rates for the Nonelderly by Race/Ethnicity, states (2008-2009), U.S. (2009) |         |      |            |      |
|---|---------|------|------------|------|
|   | DE #    | DE % | US #       | US % |
| White   | 55,000  | 11%  | 23,379,400 | 14%  |
| Black   | 23,300  | 14%  | 7,581,100  | 23%  |
| Hispanic  | 20,200  | 37%  | 15,617,700 | 34%  |
| Other   | NSD     | NSD  | 3,419,700  | 18%  |
| Total   | 104,100 | 14%  | 49,997,900 | 19%  |

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# Rate of Del. uninsured still rising

Almost 10 percent of residents lack health care coverage; the national numbers are even worse

By **JENNIFER GOLDBLATT**  
Staff reporter

As health care and insurance costs continue to escalate, the number of Delaware's uninsured continues to rise.

Nearly 10 percent of Delawareans, or 77,000 people, lacked health insurance last year, according to the Delaware Health Care Commission. That was one of the lowest rates in the nation and up from 9 percent in 2002.

About 44 million Americans, or 15 percent of the population, were uninsured in 2003, up from 14 percent the year before. Nationally, that was the largest single-year increase in a decade, according to the U.S. Census. The numbers do not include the underinsured (those without sufficient insurance coverage).

## BY THE NUMBERS

- 10 percent of Delawareans lack health insurance
- 14 percent of people in the region (Delaware, Maryland, New Jersey, New York and Pennsylvania) are uninsured
- 15 percent of the U.S. population are uninsured

Over the last year, research has shown that a growing number of people who lack insurance have jobs. About 9.5 percent of working adults in Delaware — 35,411 people — are uninsured, according to a report by the Robert Wood Johnson Foundation.

With the average worker already paying 27 percent of health care costs and expected to pay up to 35 percent in the

next two years, that problem is likely to get worse.

"Cost is making it very difficult, particularly for small businesses, to afford insurance," said Paula Roy, executive director of the Delaware Health Care Commission.

The Delaware State and New Castle County chambers of commerce have launched health plans for small businesses, and a bevy of government and industry task forces have discussed the problem during the last decade, but a solution has not been found.

The Delaware Health Care Commission is now examining some recommendations suggested by a task force last July. Those include looking at the possibility of a single-payer health system, establishing a

high-risk pool for those with serious or chronic illness, and re-examining reforms made to Delaware's small-business insurance rules in the early 1990s. Separate task forces are looking at the feasibility of disease-management programs that could help rein in costs.

Lloyd Mills, spokesman for the Delaware Small Business Health Care Coalition and member of the task force studying a single-payer system, is among those who are frustrated with the pace at which the problem of affordable health care is being tackled.

"We keep circling the same problem over and over again," he said. "Now it's time to turn it into action."

Roy said she understands why people are frustrated.

"On the other hand, when

you really want to effect major change in the financing and delivery of health care, there are so many different viewpoints," she said. "To accommodate or appreciate the points of view, it takes time and consensus."

Lt. Gov. John Carney, who chairs the Delaware Health Care Commission, said efforts to enroll eligible residents in Medicaid and the Children's Health Insurance Program, for example, have helped reduce the number of uninsured. The commission also has been working to reach out to those who are making too much money to qualify for Medicaid but not enough to afford insurance.

Reach Jennifer Goldblatt at 324-2877 or [jgoldblatt@delawareonline.com](mailto:jgoldblatt@delawareonline.com).

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WEDNESDAY  
DEC. 6, 2006

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# Business

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TODAY

• Officials from Freddie Mac, Hovnanian Enterprises Inc., Lennar Corp., Citigroup Inc., and other companies discuss their expectations for the homebuilding market.

## More Delawareans lacking health insurance

Study finds greater problem in Sussex, Kent counties; state still fares better than most

By GARY HABER  
The News Journal

Center for Applied Demography and  
Survey Research

DOVER — The percentage of Delawareans without health insurance grew to an annual average of 12.7 percent for the 2004 to 2006 period, equaling a level not seen since the three years from 1996 to 1999, according to an analysis by the University of Delaware.

That's up from an annual average of 11.6 percent for the three year-period ending in 2005, according to Ed Ratledge, the director of the university's

An average of 105,000 Delawareans — about one in eight — lacked health insurance in the three years ending in 2006, up from an average of 95,000 for the three years ending in 2005, according to the study, which analyzed the most recent U.S. Census bureau data.

The situation was most pronounced in Sussex County, where 15.7 percent of the population, or about 25,400 people, lack health insurance, followed by Kent County at 13.6 percent (20,500 people)

and New Castle County at 11.4 percent (58,400 people). An average of 15.9 percent of the U.S. population was uninsured between 2004 and 2006.

While Delaware continues to do better than the nation, the state's numbers mark a continuing trend of more Delawareans going without health care. That poses a problem for the uninsured, who don't generally receive the kind of preventive and ongoing care that keeps small health problems from developing into major ones. It is also a costly problem for the state's hospitals, and the state itself, which bear much of the cost of treating the uninsured.

The numbers, which Ratledge detailed to Health Care Commission members Tuesday show the majority of the uninsured — 68 percent — are

working people. Their employers either don't offer health care coverage or the workers can't afford to pay for it.

This is becoming a common problem for Delaware and nationwide as manufacturing jobs shrink and are replaced by lower-paid service sector jobs where health insurance coverage is less common, Ratledge said. At the same time, employers are passing along the increases to workers in the form of rising premiums, deductibles and co-pays for doctor's visits and prescription drugs, pricing insurance out of reach for some.

The figures hit home with state Health Care Commission members who advise the governor and state legislature on health care matters.

"It should be a wake-up call that we

need to take action on some of those bills that have been sitting in the General Assembly for some time," said Insurance Commissioner Matt Denn, a commission member.

I.L. Gov. John Carney Jr., who chairs the commission, said the figures discussed Tuesday show the need to expand enrollment in the state's Children's Health Insurance Program.

The study shows about 8,000 uninsured children qualify for the program but have not enrolled. Carney backs a proposal that would seek a national waiver allowing federal money to be used to expand the program to include some low-income parents of the children in the program.

Contact Gary Haber at 324-2878 or ghaber@delawareonline.com.

Reasons vary for why people lack coverage, so solutions must too

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## Reasons vary for why people lack coverage, so solutions must too

Posted Monday, April 30, 2007

A critical mass seems to be building about the problem of health care in this country.

The Democratic candidates for president were eager to talk in last week's debate about their plans for overhauling the way we deliver health care. The troubles afflicting Ford, Chrysler and General Motors are often attributed to the high costs of medical benefits given to employees and retirees. And many states, including Delaware, are feeling the financial strain of picking up the growing tab for medical care for the uninsured.

No doubt these movements will lead to a protracted discussion of which way is the best for the country. But no matter what the presidential candidates of either party promise, the two biggest public concerns are care and cost.

Americans have come close to a consensus that medical needs should be met no matter what the individual's ability to pay is. But at the same, that doesn't mean Americans want to throw their money away.

Any long-term solution has to combine compassion and common sense.

Delaware took a step in that direction last week. The Healthy Delawareans Today & Tomorrow initiative opened a campaign to make sure the state's uninsured residents know what help is already available. The initiative is fueled by a \$500,000 grant from AstraZeneca. It's based on the idea, as AstraZeneca CEO Tony Zook said, that many people are not aware of the programs already designed to help them.

For example, most children from low-income families can get medical treatment through a combination of state and federal programs. Unfortunately, many parents are not aware of that fact.

This initiative is a needed, common-sense approach. Getting those eligible for government-funded medical insurance also makes sense from an economic viewpoint too.

People with insurance tend to take better care of themselves. Visits to doctors and nurses can lead to early treatment and more healthy lifestyles. All of this, in turn, reduces costs of long-term or emergency-room care.

But those eligible for, but not getting, government coverage represent only a part of the problem.

It is estimated that 105,000 Delawareans do not have medical insurance. Not all of these are children, elderly or jobless. Many are working adults whose employers do not offer health-care benefits or the premiums are too costly. Some are people who choose not to pay for insurance even though they can afford it.

No single answer can cover all of these groups. The building belief that now is the time to act on the problems of medical insurance coverage must take into account that there's not a single problem, but several. And each problem calls for a different solution.

To tack on a one-size-fits-all approach will lead in the long run to a solution that is too bulky to work and too expensive to keep.

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