THE HENRY J. KAISER FAMILY FOUNDATION

KAISER LOW-INCOME COVERAGE AND ACCESS SURVEY

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Medicaid and the Uninsured

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# How Trends in the Health Care System Affect Low-Income Adults: Identifying Access Problems and Financial Burdens

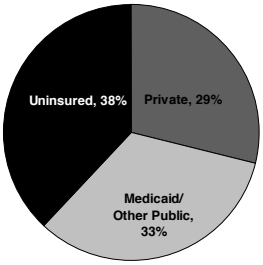
By Karyn Schwartz

Rising health care costs, coupled with eroding insurance coverage, is increasingly being recognized as a major policy issue facing the United States. Low-income adults (defined as adults living below twice the federal poverty level, or about $40,000 per year for a family of four in 2005) are hit hardest by these trends. While private insurance is the mainstay of coverage for most Americans, only 29% of low-income adults have private insurance. An additional 33% have Medicaid or other public coverage and the remaining 38% of low-income adults are uninsured (Figure 1).

The percentage of low-income adults without health insurance is likely to rise if rates of employer coverage continue to decline and public coverage for low-income adults becomes more limited. The percentage of firms offering health insurance to employees fell sharply from 69% in 2000 to 60% in 2007, with greater declines for small firms where low-income adults are more likely to work.[i] The percent of adults with employer coverage has also declined in recent years.[ii]

Figure 1

**Health Coverage of Low-Income Adults**




Throughout this paper Medicaid/Other Public includes military coverage and Medicare.
SOURCE: Kaiser Low-Income Coverage and Access Survey 2005

While Medicaid is a major source of coverage for low-income children, it covers a smaller share of adults and is typically limited to very poor parents and individuals with disabilities. In 2006, 35 states set Medicaid eligibility thresholds for parents at or below the poverty level (about $20,000 for a family of four). States have been able to apply for a federal waiver to cover parents along with their children through the State Children's Health Insurance Program (SCHIP), however it remains unclear whether parents will continue to be covered through this program. The 2005 Deficit Reduction Act prohibits states from using new SCHIP waivers to cover childless adults. Most low-income adults are unable to afford individual coverage, which leaves them uninsured if they are not offered affordable employer coverage and are ineligible for public coverage.

This paper is part of a series that analyzes data from The 2005 Kaiser Low-Income Coverage and Access Survey. The Kaiser Family Foundation conducted this national survey to examine health insurance coverage, access to care and the impact of health costs on the low-income population. The majority of the uninsured are low-income, and this survey of more than 5,000 low-income adults provides detailed data that can be used to inform the ongoing debate on reforming the U.S. health care system.

As policymakers focus on strategies to improve health insurance coverage, this brief highlights findings from the Kaiser Low-Income Coverage and Access Survey on the current role that insurance plays in facilitating access to care for low-income adults and in protecting against financial burdens. Findings demonstrate that health insurance is a critical lever to open the door to health care services for low-income adults. Uninsured low-income adults often experience health problems, but are more likely than those with insurance to forgo care or go into debt to pay for health care. The scope of coverage matters for insured low-income adults and some, particularly those with health problems, have difficulty shouldering out-of-pocket health care costs.

## Survey Highlights

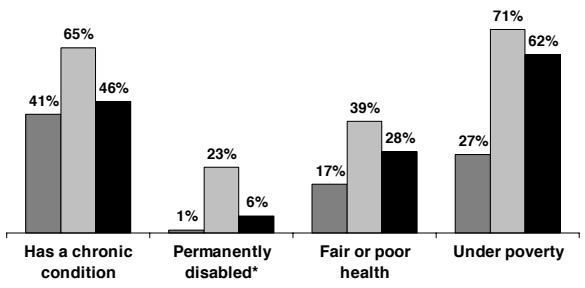
Low-income adults face varying degrees of access barriers and burdensome health costs depending on their health status and insurance coverage. This paper first provides an overview of the health status and family income of low-income adults by insurance status. It then examines how several key access measures differ by insurance status and reports on common barriers to timely care. The impact of health care costs across insurance groups is then discussed, with particular attention paid to low-income adults in fair and poor health. Additional information on the Low-Income Coverage and Access Survey is provided at the end of this paper, including tables with confidence intervals for the results presented in the paper.

**Health problems are common among low-income adults, but finances are limited.**

**A sizable percentage of low-income adults have a health problem, with those on Medicaid in the worst health** (Figure 2). About two-thirds of low-income adults with Medicaid coverage have a chronic condition and about one-quarter are permanently disabled. More than 70% of low-income adults with Medicaid live in poverty. The high level of health problems and poverty reflects the program's eligibility requirements that include being severely disabled and/or very low-income. These adults often require many doctor's appointments and other medical care to manage their health conditions.

Figure 2

**Profile of Low-Income Adults by Insurance Status**




* Those who said they were unable to work because of a permanent disability were considered to be disabled.
SOURCE: Kaiser Low-Income Coverage and Access Survey 2005

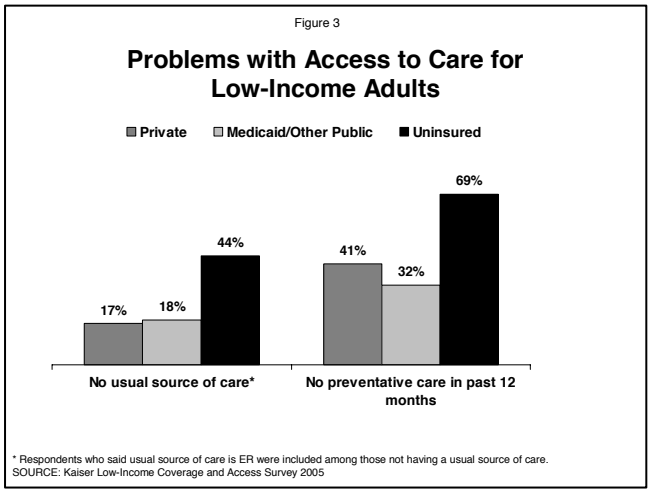
**Almost half of uninsured low-income adults have a chronic condition and more than one-quarter report that they are in fair or poor health.** Their high level of health need puts unisured low-income adults at risk for declining health if their conditions are not adequately managed. Lack of coverage means that these individuals may not be able to afford necessary care, particularly since 62% have incomes below the poverty level.

**Low-income adults with private coverage typically have higher incomes and are in better health that those with public coverage or who are uninsured.** However, about 40% of those with private coverage report having a chronic condition. Those who have private coverage are much less likely to have family incomes below the poverty level compared to the uinsured (27% vs. 62%), reflecting the likelihood of higher paying jobs among those who can obtain health insurance coverage.

**Despite substantial health need, low-income adults without insurance coverage have less access to primary care and preventive services and greater unmet need due to cost.**

**Uninsured low-income adults are the least likely to have access to primary care, while those with Medicaid fare similarly to those with private coverage** (Figure 3). Almost half of the uninsured do not have a usual source of care, leaving them less likely to receive either preventive care or timely care for health problems. This finding is particularly troubling given the high level of chronic conditions among uninsured low-income adults. Having a usual source of care is a cornerstone of quality primary care and is associated with improved continuity of care, preventive care and management of chronic disease.[iii] Although Medicaid enrollees have substantially lower incomes than those with private coverage, they experience similar levels of access to primary care.

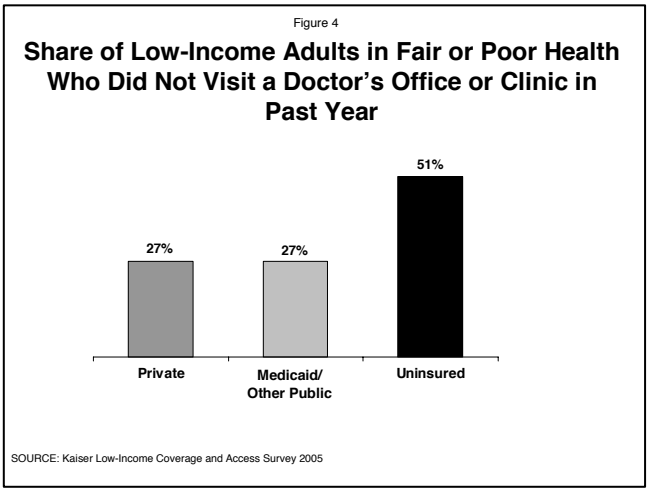
Figure 3




* Respondents who said usual source of care is ER were included among those not having a usual source of care.
SOURCE: Kaiser Low-Income Coverage and Access Survey 2005

**Access to doctors is especially important for low-income adults in fair or poor health, but some of these adults have not seen a doctor in the past year** (Figure 4). About half of uninsured low-income adults in fair or poor health had not visited a doctor's office in the past year. Those with private coverage or Medicaid fare better, with about one-quarter reporting no doctor's office visits in the past year. Given the health problems these low-income adults face, some of those without any office visits may have encountered access problems that made it difficult for them to see a doctor.

Figure 4

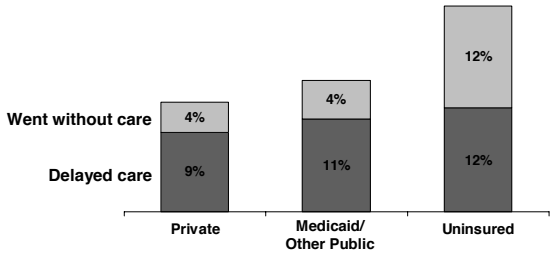



SOURCE: Kaiser Low-Income Coverage and Access Survey 2005

**Uninsured low-income adults are more likely to delay or forgo necessary health care** (Figure 5). Low-income adults with Medicaid are no more likely to go without care than those with private coverage, despite the differences in income and health status between the groups. This is likely because of Medicaid's comparatively broader benefits and lower cost sharing. Those without coverage are left unprotected when they need medical care and often go without care despite the health risks.

Figure 5

**Reported Rates of Delaying and Forgoing Necessary Care, by Insurance Status**

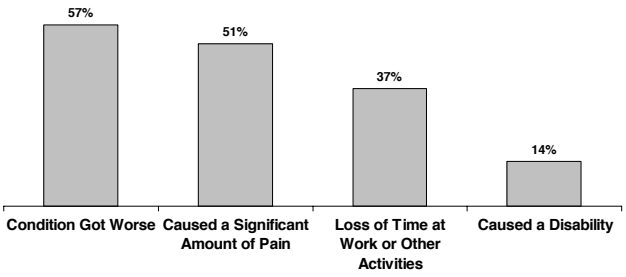



Note: Results show the percent who delayed or went without care in the past 12 months.
SOURCE: Kaiser Low-Income Coverage and Access Survey 2005

**Delaying or forgoing care has serious health consequences for the majority of low-income adults** (Figure 6). The health conditions of more than half of these low-income adults got worse as a result of not receiving care when it was needed, and 14% of those who delayed or went without care reported that those access problems eventually caused a disability. More than one-third of those who had trouble accessing care said they were unable to work or participate in other activities, possibly risking their jobs or making it difficult for them to care for their families.

Figure 6

**Reported Consequences of Postponing or Forgoing Care for Low-Income Adults**

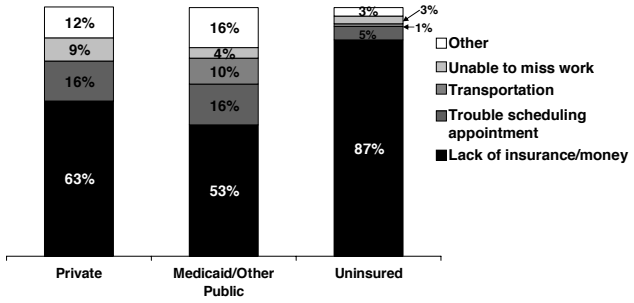



SOURCE: Kaiser Low-Income Coverage and Access Survey 2005

**Almost all uninsured adults cited cost as the primary reason they did not receive care when they needed it** (Figure 7). Among those with private coverage, more than 60% said cost or problems with insurance were the main reasons they postponed or went without care. The co-pays and deductibles in most private plans can be a barrier for low-income adults, who often struggle to pay daily expenses.

Figure 7

**Primary Reason Low-Income Adults Postponed or Did Not Receive Medical Care**




Note: Other responses includes adults who answered "don't know."
SOURCE: Kaiser Low-Income Coverage and Access Survey 2005

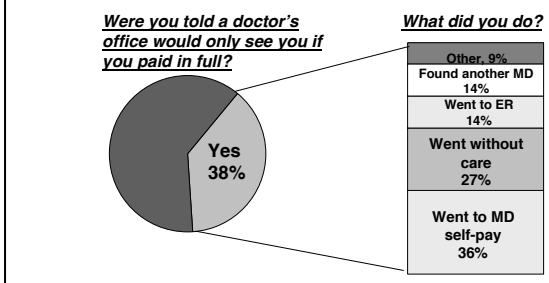
Despite the lower incomes of those on Medicaid, there is no statistically significant difference between the percentage of those with private coverage and those on Medicaid who cited a lack of money or insurance as the main reason for delaying or forgoing care. Adults on Medicaid who reported financial barriers to care may have previously been uninsured or had private insurance with high levels of cost sharing at the time they needed care. These adults may also have needed services not covered by Medicaid.

Another common barrier to timely care was trouble scheduling an appointment. The likelihood of having trouble scheduling an appointment did not vary significantly by type of insurance and was cited by 16% of adults with Medicaid or private coverage. Transportation was a barrier for 10% of those on Medicaid, despite the program's coverage for transportation to non-emergency medical services. Low-income adults on Medicaid may not be aware of those benefits or may have trouble accessing them.

**Almost 40% of uninsured low-income adults in fair or poor health are told they must pay in full at doctors' offices, leaving many to go without care or pay for care that they may not be able to afford** (Figure 8). Although uninsured adults in fair or poor health likely have ongoing health care needs and may have previously sought care through the health care safety net, they still struggle to patch together care when required to pay in full for services. When told they must pay in full before seeing a doctor, more than one-quarter of these adults went without care and an additional 36% paid for care themselves. These uninsured patients typically are charged higher prices than those negotiated by insurance companies.[iv] Only 14% of these low-income uninsured adults were able to find another doctor. About one in seven of these adults resorted to seeking care in an emergency room, which is the most expensive care setting but one where patients cannot legally be turned away without being stabilized.

Figure 8

**Access Challenges for Uninsured Low-Income Adults in Fair or Poor Health**




Note: Other responses includes adults who answered "don't know."
SOURCE: Kaiser Low-Income Coverage and Access Survey 2005

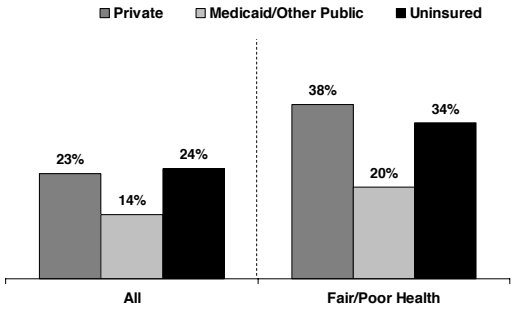
**Health insurance helps buffer low-income adults from the financial burdens of paying for health care, but low-income adults in fair or poor health often struggle to pay for care even if they are insured.**

**A sizable percentage of low-income adults are burdened with $1,000 or more in health care costs for themselves and their families** (Figure 9). This spending includes the cost of prescription drugs, doctor and hospital visits, co-pays and deductibles, but does not include money spent on insurance premiums and dental care. Medicaid's comprehensive benefits and limited cost sharing offer some protection against these

costs, but even one-fifth of Medicaid recipients in fair or poor health had more than $1,000 in spending. That spending may have been for family members not covered by the program. Additionally, some of the adults with insurance may have incurred substantial medical costs earlier in the year when they were uninsured. Since some of those with high medical spending may have been uninsured for part of the year, the protection offered by insurance for those with continuous coverage may actually be greater than what is reported in these findings.

Figure 9

**Percentage with More than $1,000 in Out-of-Pocket Costs for Family's Health Care in Past 12 Months**



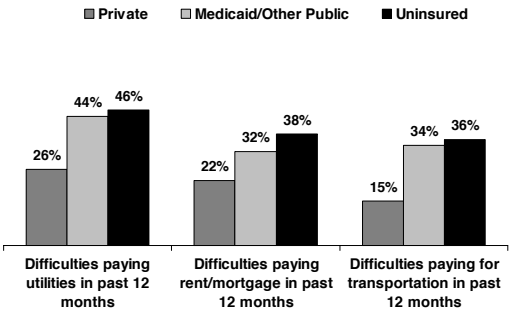

Out-of-pocket costs do not include health insurance premiums or dental care.
SOURCE: Kaiser Low-Income Coverage and Access Survey 2005

Those without insurance were about as likely to spend over $1,000 as those with private coverage, although the uninsured probably received less care since they have no insurance to absorb some of the costs. About one-quarter of low-income uninsured adults faced more than $1,000 in medical costs in the past year, even though analysis has shown that the uninsured use about half as much medical care as those with private coverage.[v]

**Low-income adults who are uninsured or have Medicaid often experience difficulties paying basic living expenses, which leaves them less able to pay unpredicted health expenses** (Figure10). Those with private coverage have higher incomes and are better able to pay for basic expenses, but many still report problems with routine bills. Low-income adults who struggle to pay for housing, transportation and utilities would likely have trouble paying the cost-sharing associated with many private plans if they were to become sick.

Figure 10

**Financial Difficulties that Low-Income Adults Face**

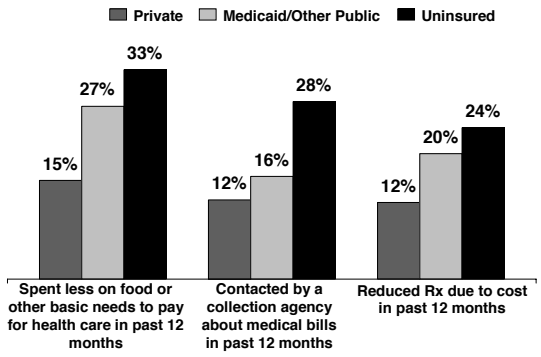



SOURCE: Kaiser Low-Income Coverage and Access Survey 2005

**Health care costs force low-income adults to make difficult trade-offs as they struggle to pay for care** (Figure 11). Those with private coverage are the least likely to report cutting back on basic needs to pay for health care, which may be due to their higher incomes and better health. About one-quarter of the uninsured decrease their use of prescription drugs to save money, and that percentage rose to 36% when looking only at the uninsured in fair or poor health (data not shown). When low-income adults reduce prescription drug use, they risk serious health complications that may lead to expensive care in the future.

Figure 11

**Effects of Health Care Costs on Low-Income Adults**



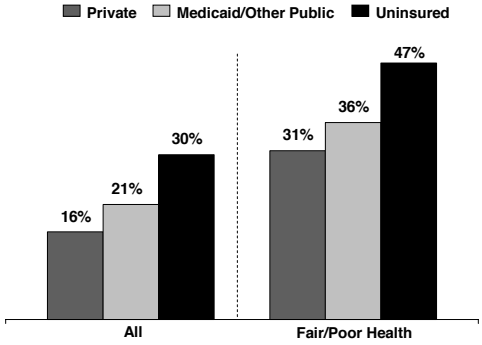

SOURCE: Kaiser Low-Income Coverage and Access Survey 2005

Health care costs can have serious financial repercussions for adults who receive care that is not covered by insurance. Almost 30% of low-income uninsured adults have been contacted by a collection agency about medical bills in the past year. These medical debts can jeopardize their families' credit history and can eventually lead to bankruptcy. Almost one in ten of all low-income adults said they had already filed for bankruptcy (data not shown) and previous research has reported that 27% of those filing for bankruptcy had medical bills exceeding $1,000 in the two years before bankruptcy.[vi]

**Medical bills can have a significant impact on low-income adults' financial situations** (Figure 12). Those in fair or poor health are much more likely to feel the impact of health care costs than those in better health. Even among those with insurance, more than 30% of those in fair or poor health report that their families' medical bills have a major impact (only the difference between those with private coverage and the uninsured was statistically significant for those in fair/poor health). Those with private insurance who are in fair or poor health may be struggling to pay deductibles and co-pays or may have found that some necessary medical services are not covered. Those on Medicaid, which typically has a much more generous coverage package than private insurance, may be paying for care for family members who are not eligible for the program. They may also be paying off medical bills from when they were not covered through the program, or they may need services that are not always covered by Medicaid. The uninsured are particularly vulnerable,

Figure 12

**Percentage of Low-Income Adults for whom Medical Bills Have Had a Major Financial Impact**




SOURCE: Kaiser Low-Income Coverage and Access Survey 2005

since they have no coverage and also tend to be very low-income. About one-third of all uninsured adults face medical costs that significantly impact their finances.

**Conclusion**

Health insurance helps improve access to care for low-income adults and lessens the financial impact of health care costs. About 40% of low-income adults are uninsured, and these adults are lower income and in worse health than low-income adults with private coverage.

Uninsured low-income adults are the least likely to have access to either preventive care or medical attention for more urgent health care needs. When low-income adults cannot get the medical care they need, their health often suffers. They often go without doctor's office visits and prescription drugs. When they do get care, that care is often very expensive and can have serious financial consequences for adults and their families. Almost 30% of low-income uninsured adults reported that a collection agency had called them in the past year about a medical bill.

Although low-income adults on Medicaid are poorer and are in worse health than those with private coverage, their access to care is similar to those with private coverage. Medicaid also helps lessen the financial impact of illness on low-income adults.

Despite the protections of health insurance, many low-income adults are still burdened with high health costs. Regardless of insurance status, low-income adults in fair or poor health are much more likely to feel the impact of those costs when compared to those in better health. This suggests that low-income adults need comprehensive and continuous health care coverage if they are to be able to afford care when they become sick without jeopardizing their family's finances. Recent proposals have suggested increasing cost sharing through health savings accounts for those with private insurance and through increased co-pays within Medicaid. These proposals may leave the low-income population with unaffordable health care bills or may lead them to forgo treatments even if they are insured.

2005 Kaiser Low-Income Coverage and Access Survey Methods

This 2005 national survey was a random digit dial survey of adults ages 19 to 64 living in families with incomes at or below twice the poverty level, with a national all-income comparison sample. The low-income survey sampled the low-income population in the highest poverty Census tracks that account for 20% of the low-income population. There were 5,482 low-income completed interviews and the low-income survey yielded a response rate of 31%. We also fielded a follow up non-response study, which produced a response rate of 49%. The estimates in this paper are all derived from the low-income sample. Respondents' health insurance is based on their coverage at a point in time and some respondents' coverage status might have changed in the year before they were surveyed. All differences that are discussed in the paper are statistically significant ($p<0.05$), except where noted. The survey weights for the low-income survey take into account the selection probability and non-response and are post-stratified to align the data to U.S. Census 2000 data using the following variables: geography, race/ethnicity, education, sex and age. The standard errors were calculated and significance testing was conducted to take into account complex sampling methodology by using Taylor series linearization in SUDAAN.

[i] Kaiser/HRET, "Employer Health Benefits 2006 Annual Survey," September 2006.

[ii] Holahan J, A Cook. "What Happened to the Insurance Coverage of Children and Adults in 2006?" KCMU report, September 2007. Holahan J, A Cook. "Why Did the Number of Uninsured Continue to Increase in 2005?" KCMU report, October 2006. Holahan J, A Cook. "Changes In Economic Conditions And Health Insurance Coverage, 2000-2004" *Health Affairs* Web Exclusive, November 1, 2005.

[iii] He J, P Muntner , J Chen, et al. "Factors associated with hypertension control in the general population of the United States." *Archives of Internal Medicine*. 2002;162:1051–1058. DeVoe JE, GE Fryer, R Phillips, L Green. "Receipt of preventive care among adults: insurance status and usual source of care." *American Journal of Public Health*. 2003;93:786–791. O'Malley AS, J Mandelblatt, K Gold, KA Cagney, J Kerner. "Continuity of care and the use of breast and cervical cancer screening services in a multiethnic community." *Archives of Internal Medicine.* 1997: 157(13):1462–1470.

[iv] Anderson G. "From 'Soak The Rich' To 'Soak The Poor': Recent Trends In Hospital Pricing." *Health Affairs*. May/June 2007; 26(3): 780-789.

[v] Hadley J and J Holahan. "How Much Medical Care Do The Uninsured Use, And Who Pays For It?" *Health Affairs* Web Exclusive, February 12, 2003.

[vi] D Himmelstein et al. "MarketWatch: Illness And Injury As Contributors To Bankruptcy." *Health Affairs* Web Exclusive, February 2, 2005.

## Appendix
## Frequencies and Confidence Intervals for Figures

| | | Percentage | 95% Confidence Interval |
|---|---|---|---|
| **Figure 1** | | | |
| **Insuance coverage** | | | |
| | Private | **29.1%** | (26.1%,32.3%) |
| | Medicaid/Other Public | **32.9%** | (30.3%,35.6%) |
| | Uninsured | **38.0%** | (35.6%,40.5%) |
| **Figure 2** | | | |
| **Has a chronic condition** | | | |
| | Private | **41.3%** | (36.4%,46.4%) |
| | Medicaid/Other Public | **64.7%** | (59.5%,69.5%) |
| | Uninsured | **45.9%** | (39.6%, 52.3%) |
| **Permanently disabled** | | | |
| | Private | **1.1%** | (0.6%,2.0%) |
| | Medicaid/Other Public | **22.6%** | (19.4%,26.0%) |
| | Uninsured | **5.9%** | (3.6%.9.3%) |
| **Fair or poor health** | | | |
| | Private | **17.2%** | (13.5%,21.5%) |
| | Medicaid/Other Public | **39.0%** | (33.8%, 44.4%) |
| | Uninsured | **28.3%** | (23.3%,34.0%) |
| **Under poverty** | | | |
| | Private | **27.4%** | (22.6%,32.8%) |
| | Medicaid/Other Public | **71.2%** | (64.8%,76.8%) |
| | Uninsured | **62.1%** | (56.2%, 67.7%) |
| **Figure 3** | | | |
| **No usual source of care** | | | |
| | Private | **16.6%** | (13.1%,20.7%) |
| | Medicaid/Other Public | **18.1%** | (14.1%,22.9%) |
| | Uninsured | **43.7%** | (38.7%,48.8%) |
| **No preventative care in past 12 months** | | | |
| | Private | **40.6%** | (34.1%,47.4%) |
| | Medicaid/Other Public | **31.9%** | (26.4%,38.0%) |
| | Uninsured | **68.5%** | (63.9%,72.8%) |
| **Figure 4** | | | |
| **No doctor's visit in past 12 months** | | | |
| Data only includes those in fair/poor health | | | |
| | Private | **26.8%** | (18.7%,36.8%) |
| | Medicaid/Other Public | **26.9%** | (19.7%,35.5%) |
| | Uninsured | **50.5%** | (39.4%,61.5%) |

Medicaid/Other Public includes SCHIP, Medicare and military coverage.
Source: Kaiser Low-Income Coverage and Access Survey 2005

## Appendix (continued)
## Frequencies and Confidence Intervals for Figures

| | Percentage | 95% Confidence Interval |
|---|---|---|
| **Figure 5** | | |
| **Delayed care in past 12 months** | | |
| Private | **9.1%** | (6.4%,12.8%) |
| Medicaid/Other Public | **10.6%** | (7.1%,15.7%) |
| Uninsured | **12.0%** | (9.4%,15.2%) |
| **Went without care in past 12 months** | | |
| Private | **3.5%** | (2.4%,5.1%) |
| Medicaid/Other Public | **4.2%** | (2.2%,7.8%) |
| Uninsured | **11.7%** | (8.8%%,15.4%) |
| **Figure 6** | | |
| **Consequences of postponing or forgoing care** | | |
| Condition got worse | **56.9%** | (50.1%,63.5%) |
| Significant amount of pain | **51.3%** | (45.6%,57.0%) |
| Loss of time at work or other activities | **36.8%** | (31.3%,42.7%) |
| Disability | **13.7%** | (9.2%,20.0%) |
| **Figure 7** | | |
| **Primary reason postponed or did not receive care** | | |
| **Lack of insurance/money** | | |
| Private | **62.3%** | (50.8%,72.5%) |
| Medicaid/Other Public | **52.9%** | (38.5%,66.8%) |
| Uninsured | **87.3%** | (82.1%,91.2%) |
| **Trouble scheduling appointment** | | |
| Private | **16.1%** | (9.1%,26.7%) |
| Medicaid/Other Public | **16.4%** | (10.7%,24.4%) |
| Uninsured | **5.4%** | (3.0%,9.5%) |
| **Transportation** | | |
| Private | **0.1%** | (0.0%,0.5%) |
| Medicaid/Other Public | **10.4%** | (3.8%,25.5%) |
| Uninsured | **0.9%** | (0.2%,3.5%) |
| **Unable to miss work** | | |
| Private | **9.4%** | (3.9%,20.8%) |
| Medicaid/Other Public | **4.2%** | (1.5%,11.4%) |
| Uninsured | **2.9%** | (1.4%,5.8%) |
| **Other/don't know** | | |
| Private | **12.3%** | (7.4%,19.7%) |
| Medicaid/Other Public | **16.0%** | (9.3%,26.2%) |
| Uninsured | **3.5%** | (1.8%,6.6%) |
| **Figure 8** | | |
| **Told that a doctor's office would only see you if you paid in full** | | |
| Uninsured | **38.2%** | (29.8%,47.3%) |
| **What did you do? (Uninsured only)** | | |
| Went to MD, self-pay | **36.4%** | (23.9%,51.2%) |
| Went without care | **27.0%** | (16.2%,41.3%) |
| Went to ER | **13.9%** | (6.4%,27.7%) |
| Found another MD | **14.0%** | (4.5%,35.7%) |
| Other/don't know | **8.7%** | (1.8%,32.8%) |

Medicaid/Other Public includes SCHIP, Medicare and military coverage.
Source: Kaiser Low-Income Coverage and Access Survey 2005

## Appendix (continued)
## Frequencies and Confidence Intervals for Figures

| | Percentage | 95% Confidence Interval |
|---|---|---|
| **Figure 9** | | |
| **More than $1,000 in out-of-pocket costs, all respodents** | | |
| Private | **22.8%** | (19.0%,27.3%) |
| Medicaid/Other Public | **13.8%** | (10.1%,18.6%) |
| Uninsured | **23.8%** | (19.5%,28.7%) |
| **More than $1,000 in out-of-pocket costs, respodents in fair/poor health** | | |
| Private | **37.6%** | (28.5%,47.6%) |
| Medicaid/Other Public | **19.7%** | (13.3%,28.0%) |
| Uninsured | **34.2%** | (27.0%,42.2%) |
| **Figure 10** | | |
| **Difficulties paying utilities in past 12 months** | | |
| Private | **26.2%** | (19.5%,34.1%) |
| Medicaid/Other Public | **44.2%** | (37.8%,50.8%) |
| Uninsured | **46.1%** | (40.7%,51.7%) |
| **Difficulties paying rent/mortgage in past 12 months** | | |
| Private | **22.2%** | (16.4%,29.4%) |
| Medicaid/Other Public | **32.5%** | (25.9%,39.8%) |
| Uninsured | **38.0%** | (32.6%,43.7%) |
| **Difficulties paying for transportation in past 12 months** | | |
| Private | **15.5%** | (12.0%,19.8%) |
| Medicaid/Other Public | **33.7%** | (29.3%,38.4%) |
| Uninsured | **36.0%** | (30.7%,41.6%) |
| **Figure 11** | | |
| **Spent less on basic needs to pay for health care** | | |
| Private | **15.4%** | (12.1%,19.5%) |
| Medicaid/Other Public | **27.5%** | (22.5%,33.0%) |
| Uninsured | **32.8%** | (28.3%,37.6%) |
| **Contacted by a collection agency about medical bills** | | |
| Private | **12.4%** | (9.8%,15.6%) |
| Medicaid/Other Public | **16.3%** | (12.6%,20.9%) |
| Uninsured | **27.7%** | (22.9%,33.1%) |
| **Reduced Rx use due to cost in past 12 months** | | |
| Private | **12.0%** | (9.3%,15.4%) |
| Medicaid/Other Public | **19.6%** | (14.1%,26.6%) |
| Uninsured | **23.6%** | (20.1%,27.6%) |
| **Figure 12** | | |
| **Medical bills have a major impact, all respodents** | | |
| Private | **15.8%** | (13.0%,19.0%) |
| Medicaid/Other Public | **20.9%** | (15.9%,26.9%) |
| Uninsured | **29.7%** | (24.5%,35.5%) |
| **Medical bills have a major impact, respodents in fair/poor health** | | |
| Private | **30.7%** | (21.9%,41.1%) |
| Medicaid/Other Public | **35.8%** | (24.5%,49.0%) |
| Uninsured | **46.6%** | (36.7%,56.8%) |

Medicaid/Other Public includes SCHIP, Medicare and military coverage.
Source: Kaiser Low-Income Coverage and Access Survey 2005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