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## **NEWS RELEASE**

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### **Thirty percent of Illinois' low-income, working mothers lack access to health insurance coverage**

**CHICAGO, IL** -- According to the new research from Center for Budget Policy and Priorities, nearly one in three low-income mothers in Illinois lack health insurance coverage. Ironically, many of the state's at-risk parents could receive immediate relief should Governor George Ryan act to expand the state's low-cost health insurance program for children to include the children's parents.

Family Care, House Bill 23 drafted by the National Center on Poverty Law (NCPL), would provide health insurance to up to 200,000 uninsured working parents of children enrolled in KidCare. The bill, which unanimously passed the House and is currently is pending in the Illinois Senate Rules Committee, is receiving bipartisan support, but will only pass if Gov. George Ryan agrees to include in next year's budget the \$7 million needed to start the program.

Fully implemented in later years, the Family Care would only cost Illinois \$63 million, because the federal government would match 65 percent of every dollar spent on Kid Care. In Illinois, the state offers health insurance to families with children until the family's income reaches \$8,000. Under Kid Care, the state covers only the children in households with incomes up to \$31,000, leaving struggling parents, in many cases, to forgo life-saving health care services. Family Care would cover the parents in these families.

In Illinois, 215,000 mothers lack health insurance coverage. Of these uninsured mothers, 150,000 are in low-income families, defined as families that are 200 percent below the poverty line (\$29,260 for a family of three.) The Center report reveals that most of these mothers are uninsured because they lack access to affordable employer-based coverage and also are ineligible for public programs. Currently, a mother with two children in Illinois applying for coverage must make less than \$882 per month (\$10,584) to qualify for Medicaid. This income level represents 72 percent of the federal poverty line for a family of three.

## **Center for Budget Policy and Priorities reports six million moms uninsured**

In 1999, the latest year for which data are available, there were 5.9 million mothers caring for children age 18 or younger also lacked health insurance coverage. The vast majority of these uninsured mothers - three of every four- lived in low-income families (defined here as families with income below 200 percent of the poverty line, or \$29,260 a year for a family of three).

Mothers in low-income families are uninsured at particularly high rates. Close to one in three lack coverage. This is because they often do not have access to affordable employer-based coverage (through their own or a spouse's job) and they cannot qualify for publicly-subsidized coverage in most states unless they have income below the poverty line. A working mother with two children is ineligible for Medicaid in half of the states if she earns more than \$9,780 a year, an amount that leaves her family nearly \$5,000 below the poverty line. (The poverty line is already \$14,630 for a family of three.) In comparison, nearly all *children* in low-income families are now eligible for publicly-subsidized coverage.

The 5.9 million uninsured mothers in the United States are at high risk of going without the preventive and primary care they need, including routine pap smears and mammograms. If they should become seriously ill, their families face the prospect of a financial crisis or an inability to secure health care for the person who usually is the primary caretaker of other family members.

Several states are taking steps to address the problem by transforming their child health insurance programs into family-based programs that also cover parents. This is what Family Care would do in Illinois. These programs offer low-income working parents free or low-cost coverage that provides a broad array of benefits, including primary and preventive care. To date, most of the states that have extended coverage broadly to low-income working parents are either in the Northeast or upper Midwest or on the West coast. These states have greater fiscal capacity, on average, than states in the regions of the country where no state has yet taken such action. It is likely that these disparities in coverage for mothers will continue to grow unless the federal government provides states with additional financial incentives to cover low-income working parents, as it did to help states cover low-income children when it created the State Children's Health Insurance Program (SCHIP) in 1997.

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