



## Targeted Coverage Solutions for Major Populations of the Uninsured\*

### ***1. Low Income without access to Insurance (14-15 million)***

- A. Provide new financial assistance and tax credits to make insurance more affordable**  
Tax credit/subsidy for low-income workers who don't have ESI and an above-the-line deduction for HSAs or similar proposals
- B. Insurance Market Reform**  
State-based regulatory reform (i.e., "targeted preemption") to streamline and harmonize inter-state regulation that limits plan choice and increases costs.
- C. Remove barriers to allow for new multi-state pooling options**  
Create state or regional-based pooling options for individuals and groups.
- D. Support and extend last-resort insurance plans**  
Extend grant program established under the Trade Adjustment Act (TAA) through 2009 to encourage more states to establish high risk pools for consumers with serious health needs and to offset operational costs.
- E. Increase the Number of Community Health Centers (CHCs) by providing new funding for integrated health systems that serve the uninsured**
- F. Reduce regulatory burden on safety net providers and enhance the provision of care**

### ***2. Individuals Employed in Small Businesses (11-12 million)***

- A. Market Reform Alternatives: Insurance Market Reform or Association Health Plans**  
State-based regulatory reform (i.e., "targeted preemption") to streamline and harmonize inter-state regulation that limits plan choice and increases costs.
- B. Remove barriers to allow for new multi-state pooling options**  
Create state or regional-based pooling options for individuals and groups.
- C. Expand Coverage Options for Low-Income Micro-Entrepreneurs**  
Expand eligible uses under the Assets for Independence Act to include purchase of health insurance

### ***3. Immigrants / Hispanics (11-12 million adults plus children)***

- A. Provide new financial assistance and tax credits to make insurance more affordable**  
Tax credit/subsidy for low-income workers who don't have ESI and an above-the-line deduction for HSAs or similar proposals
- B. Remove barriers to allow for new multi-state pooling options**  
Create state or regional-based pooling options for individuals and groups.



**C. Increase the Number of Community Health Centers (CHCs) by providing new funding for integrated health systems that serve the uninsured**

Create new funding for integrated health care systems that serve medically uninsured patients.

**D. Increase access to specialty care within safety net systems**

Provide a tax deduction to physician specialists who provide care for patients referred from safety net providers.

**E. Strengthen access to care by reducing regulatory burdens and changing regulations**

**F. Make prescription drugs more affordable and available within safety net systems**

Enable low-income and uninsured people to receive substantial discounts on prescription drugs by extending the federal “340B” drug discount pricing program to additional safety-net providers.

**4. Children Under 18 years of age (8.5 million)**

**A. Improve enrollment in existing public programs**

Prioritize and carry out recommendations to encourage qualified individuals to sign up for available public insurance programs like Medicaid and SCHIP.

Improve outreach efforts to maximize participation of eligible beneficiaries in federal safety net programs.

Allow more flexibility under SCHIP for employer-plan participation.

**B. Increase the Number of Community Health Centers (CHCs) by providing new funding for integrated health systems that serve the uninsured**

**C. Encourage more doctor and provider participation in the safety net system**

Increase the number of medical volunteers at Community Health Centers (CHCs) and integrated health systems by extending the Federal Tort Claims Act (FTCA) liability coverage. Ensure that the Healthy Community Access Program (HCAP program) supports efficient health care networks and successful chronic disease management activities.

**5. Young Adults 18 to 24 years of age (2-7 million)**

**A. Create incentives for young adults to purchase lifetime, portable insurance**

Provide financial incentives to colleges and universities that provide, require or make coverage available to full-time students.

Forgive federal student loans or defer interest for college graduate who purchase Health Savings Accounts (HSAs).

**B. Make sure Health Savings Accounts are user friendly and widely available**

**C. Increase the Number of Community Health Centers (CHCs) by providing new funding for integrated health systems that serve the uninsured**

**6. Pre-Retirees 55-64 years of age (2 million)**

**A. Provide new financial assistance and tax credits to make insurance more affordable**

Tax credit/subsidy for low-income workers who don't have ESI and an above-the-line deduction for HSAs or similar proposals.

**B. Insurance Market Reform**

State-based regulatory reform (i.e., “targeted preemption”) to streamline and harmonize inter-state regulation that limits plan choice and increases costs.

**C. Support and extend last-resort insurance plans**

Extend grant program established under the Trade Adjustment Act (TAA) through 2009 to encourage more states to establish high risk pools for consumers with serious health needs and to offset operational costs.

**D. Make sure Health Savings Accounts are user friendly and widely available**

Make any necessary improvements to ensure smooth implementation, flexibility and availability of HSAs to a broad range of consumers, including retirees.

**\*Note: Since there is overlap among many of these targeted populations the sum of the number of people exceeds the total number of individuals who are uninsured.**