A Profile of Wyoming's Low-Wage Uninsured Workers

by Joan Alker and Alexandra Corcoran

The recently enacted American Rescue Plan Act of 2021 (ARP) includes new large financial incentives for states to extend health insurance coverage to low-wage workers and other adults earning less than \$17,775 a year.¹ These incentives apply to regular spending in a state's Medicaid program and offer a five-percentage point across the board increase in the federal share for a 24-month period after the state extends coverage. The Kaiser Family Foundation estimates that Wyoming's budget would see a net gain of \$30 million over a two-year period if the state expanded Medicaid.² Approximately 15,200 uninsured nonelderly adults, or 28 percent of the state's uninsured adult population, would gain health insurance.³

This fact sheet examines which workers and industries would benefit from expansion of Medicaid coverage.⁴ The top sectors employing low-wage uninsured workers in Wyoming are hospitality and retail, accounting for more than half (57.1 percent) of those working without insurance (see Table 1). Within these industries, the top occupation types are food preparation and serving, and sales which encompass 39.7 percent of Wyoming's uninsured low-wage workers (see Table 2).

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Georgetown University Health Policy Institute CENTER FOR CHILDREN AND FAMILIES

The Georgetown University Center for Children and Families (CCF) is an independent, nonpartisan policy and research center founded in 2005 with a mission to expand and improve highquality, affordable health coverage for America's children and families. CCF is based in the McCourt School of Public Policy's Health Policy Institute.

Table 1. Top Industry Sectors in Wyoming

For Low-Wage Workers		For Low-Wage, Uninsured Workers	
Accommodation and food services	21.0%	Accommodation and food services	30.4%
Retail	21.0%	Retail	26.7%
Educational services	10.0%	Note: Workers with no occupation are not listed. Source: Georgetown University Center for Children and Families analysis of US Census Bureau American Community Survey (ACS) 2019 Public Use Microdata Sample (PUMS).	
Health care and social assistance	8.8%		
Construction	6.6%		

Table 2. Top Occupational Sectors in Wyoming						
For Low-Wage Workers		For Low-Wage, Uninsured Workers				
17.6%	Food preparation and serving	23.5%				
12.5%	Sales	16.2%				
10.5%	Note: Workers with no occupation are not listed.					
9.7%						
8.5%	Census Bureau American Community Survey (ACS) 2019 Public Use Microdata Sample (PUMS).					
5.7%						
	17.6% 12.5% 10.5% 9.7% 8.5%	For Low-Wage, Uninsured Workers 17.6% Food preparation and serving 12.5% Sales 10.5% Note: Workers with no occupation are not listed. 9.7% Source: Georgetown University Center for Children and Families and Census Bureau American Community Survey (ACS) 2019 Public Use				

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Demographics of uninsured low-income adults

While women make up just over half of all low-income nonelderly citizens (51.0 percent), men make up the majority of those who are uninsured (51.6 percent). Due to Wyoming's small size, reliable data is not available to ascertain the precise share of Black, Asian, and American Indian/Alaskan Native citizens who would gain coverage; however, the data does show that over eighty percent of uninsured low-income nonelderly citizens are White.

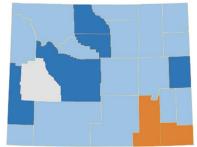
More than

80%

of uninsured low-income nonelderly citizens are White.

Which parts of the state have higher proportions of uninsured workers?

As the map on the right shows, the southeast corner of the state has the lowest proportion of uninsured workers. Table 3 shows the 12 counties with the highest uninsured rates (in excess of 15 percent) for all workers regardless of income or citizenship—all are rural counties except for Natrona County which includes Casper. In five counties, at least one in five workers is uninsured. Uninsured Rate for Nonelderly Workers
Above 20%
Between 10-20%
Lower than 10%
Estimate suppressed due to unreliable data



Note: Includes all workers ages 19-64 regardless of income or citizenship status.

Source: Georgetown University Center for Children and Families analysis of U.S. Census Bureau American Community Survey (ACS) 2015-2019 Table DP03. Contact authors for more information on the methodology.

Table 3. Counties with 15 Pecent or Moreof Workers Uninsured

Note: Includes all workers ages 19-64 regardless of income or citizenship status.

Source: Georgetown University Center for Children and Families analysis of U.S. Census Bureau American Community Survey (ACS) 2015-2019 Table DP03. Out of Wyoming's 23 counties, one county (Sublette County) is suppressed due to high margins of error and low-reliability.

County	Uninsured Rate	County	Uninsured Rate
United States	11.0%	Platte	19.7%
Wyoming	13.9%	Hot Springs	19.2%
Niobrara	26.2%	Johnson	16.6%
Big Horn	22.1%	Natrona	16.6%
Washakie	22.1%	Teton	15.4%
Fremont	20.9%	Goshen	15.2%
Lincoln	20.1%	Park	15.0%

Endnotes

¹ For more information on the provisions of the law, see E. Park and S. Corlette, "American Rescue Plan Act: Health Coverage Provisions Explained" (Washington DC: Georgetown University Center for Children and Families and Center on Health Insurance Reform, March 2021), available at <u>https://ccf.georgetown.edu/2021/03/11/american-rescueplan-act-health-coverage-provisions-explained/</u>.

² R. Rudowitz, B. Corallo, and R. Garfield, "New Incentive for States to Adopt the ACA Medicaid Expansion: Implications for State Spending" (Washington DC: Kaiser Family Foundation, March 2021), available at https://www.kff.org/medicaid/issue-brief/new-incentive-for-states-toadopt-the-aca-medicaid-expansion-implications-for-state-spending/. ³ Kaiser Family Foundation, "Who Could Medicaid Reach with Expansion in Wyoming?" (Washington DC: Kaiser Family Foundation, February 2021), available at <u>https://files.kff.org/attachment/fact-sheetmedicaid-expansion-WY</u>.

⁴ Because Wyoming is a small state, data suppression rules limit the scope of what can be reliably reported in contrast to other states in this series. Contact authors for more information on sources of data and methods. All data are derived from the American Community Survey (2019). Most data are from the 2019 Public Use Microdata Sample (PUMS); county data calculated from American Community Survey five-year (2015-2019) prepared tables.