# A Profile of Wyoming's Low-Wage Uninsured Workers

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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.<sup>4</sup> 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).



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 high-quality, 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.  |           |  |  |
| Health care and social assistance        | 8.8%  | Source: Georgetown University Center for Children and Families analysis of U<br>Census Bureau American Community Survey (ACS) 2019 Public Use Microda<br>Sample (PUMS). | ,         |  |  |
| Construction                             | 6.6%  |   | Microdata |  |  |

| Table 2. Top Occupational Sectors in Wyoming |       |  |              |  |
|--|-------|--|--------------|--|
| For Low-Wage Workers                         |       | For Low-Wage, Uninsured Workers  |              |  |
| Food preparation and serving                 | 17.6% | Food preparation and serving   | 23.5%        |  |
| Sales  | 12.5% | Sales  | 16.2%        |  |
| Office and administrative support            | 10.5% | Note: Workers with no occupation are not listed.  Source: Georgetown University Center for Children and Families analysis of Census Bureau American Community Survey (ACS) 2019 Public Use Microc Sample (PUMS). |              |  |
| Building, grounds cleaning, and maintenance  | 9.7%  |  | ducio of LIC |  |
| Transportation and material moving           | 8.5%  |  | ,            |  |
| Educational instruction and library          | 5.7%  |  |              |  |

#### Demographics of uninsured low-income adults

Our analysis finds that while women make up just over half of low-income nonelderly citizens (51.0 percent), men make up the majority of uninsured low-income nonelderly citizens (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

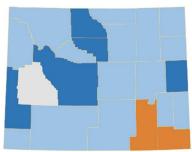
80%

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.





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 More of 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 |
|---------------|----------------|
| United States | 11.0%          |
| Wyoming       | 13.9%          |
| Niobrara      | 26.2%          |
| Big Horn      | 22.1%          |
| Washakie      | 22.1%          |
| Fremont       | 20.9%          |
| Lincoln       | 20.1%          |

| County      | Uninsured Rate |
|-------------|----------------|
| Platte      | 19.7%          |
| Hot Springs | 19.2%          |
| Johnson     | 16.6%          |
| Natrona     | 16.6%          |
| Teton       | 15.4%          |
| Goshen      | 15.2%          |
| Park        | 15.0%          |

#### **Endnotes**

- <sup>1</sup> 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 <a href="https://ccf.georgetown.edu/2021/03/11/american-rescue-plan-act-health-coverage-provisions-explained/">https://ccf.georgetown.edu/2021/03/11/american-rescue-plan-act-health-coverage-provisions-explained/</a>.
- <sup>2</sup> 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 <a href="https://www.kff.org/medicaid/issue-brief/new-incentive-for-states-to-adopt-the-aca-medicaid-expansion-implications-for-state-spending/">https://www.kff.org/medicaid/issue-brief/new-incentive-for-states-to-adopt-the-aca-medicaid-expansion-implications-for-state-spending/</a>.
- <sup>3</sup> Kaiser Family Foundation, "Who Could Medicaid Reach with Expansion in Wyoming?" (Washington DC: Kaiser Family Foundation, February 2021), available at <a href="https://files.kff.org/attachment/fact-sheet-medicaid-expansion-WY">https://files.kff.org/attachment/fact-sheet-medicaid-expansion-WY</a>.
- <sup>4</sup> 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 fiveyear (2015-2019) prepared tables.