

HEALTH INSURANCE FOR ARTISTS

Before and After the Patient Protection
and Affordable Care Act of 2010

BY MORE THAN 5,300 ARTISTS

AND ARTISTS THEMSELVES; AND CONSIDERATION OF THE VARIOUS COMPONENTS OF

ROVE WITH AGE

ACROSS ARTISTIC MEDIA, RACIAL AND ETHNIC BACKGROUNDS, AGE COHORTS, LEVEL

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INSURANCE FOR THEIR EMPLOYEES

LINC 

CONSULTATIONS ABOUT HEALTH CARE INSURANCE ISSUES AND OPTIONS TO ARTISTS NA

NG AND SERVICE ORGANIZATIONS, CAN DISTRIBUTE INFORMATION AT THEIR EVENTS

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THE FINDINGS SUMMARIZED HERE ARE BASED ON
THE ANALYSIS OF RESPONSES BY MORE THAN
5,300 ARTISTS AND INTERVIEWS WITH LEADING
ARTIST ADVOCATES, HEALTH CARE POLICY EXPERTS,
AND ARTISTS THEMSELVES, AND THE CONSIDERATION
OF THE VARIOUS COMPONENTS OF THE NEW HEALTH
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HEALTH INSURANCE FOR ARTISTS

Before and After the Patient Protection and Affordable Care Act of 2010

Summary

This report explores the adequacy of health insurance for U.S. artists under current policies and explores the implications of the Patient Protection and Affordable Care Act of 2010 (PPACA) on future prospects for artists' health care coverage. The findings summarized here are based on analysis of responses by more than 5,300 artists to an online survey conducted by Leveraging Investments in Creativity (LINC) in the summer of 2009; interviews with leading artist advocates, health care policy experts, and artists themselves; and consideration of the various components of the new health care legislation on artists' coverage.

To briefly summarize, the career patterns and job profiles of U.S. artists, coupled with current health care policies and practices, put adequate health insurance beyond the reach of the majority of working artists. When fully implemented, the PPACA will lower many of the barriers that prevent artists from securing adequate health care insurance now. The provisions expand dependent coverage for young adults and Medicaid and make available a high-risk pool for people with pre-existing conditions.

Many artists' service organizations are working creatively to expand current coverage and ensure that artists' interests are addressed under the PPACA. As the regulations to guide implementation of the new legislation are developed during the coming years, artists and those concerned with their welfare have an opportunity to work collaboratively to improve current coverage and join forces with other freelance workers and under-insured populations to vastly expand coverage for artists and creative workers in the new system.

Introduction

In the spring of 2009, Leveraging Investments in Creativity (LINC) commissioned Alexis Frasz and Holly Sidford of Helicon Collaborative to research the impacts of the recession on artists, and their primary needs and concerns at this time. Helicon worked with Princeton Survey Research Associates International (PSRAI) to design and conduct an online survey of artists. The survey was open from July 20 to August 17, 2009 and distributed through the lists of 40 artist service organizations across the U.S., reaching almost 100,000 artists. In total, the survey captured the perspectives of 5,380 artists, ranging across artistic media, racial and ethnic backgrounds, age cohorts, levels of formal education, geographic locations, and years as a practicing artist. The survey allowed people to self-identify as artists; the only requirement was that they identify at least one art form they practice (including a write-in option). A full report on this survey is available online at LINCnet.net.¹

As the issue of national health care reform heated up in early 2010, LINC asked Helicon to conduct additional research on health care conditions for artists and the implications of the proposed legislation

for this population. This included mining the survey data to probe the differences between artists who are adequately insured and those who are inadequately insured. The LINC survey asked only one question about health care: “Do you currently have adequate health insurance coverage?” but the responses to this question can be analyzed by gender, age, education, race/ethnicity, primary discipline, annual income, percent of income from artwork, and additional jobs. The UCLA Center for Health Policy Research conducted this data analysis, and portions of this report are based on their findings.

In addition to comparing the demographic characteristics of adequately and inadequately insured artists from the LINC survey data, UCLA also compared the LINC survey data with data on uninsured artists from the March 2009 Current Population Survey (CPS) conducted by the U.S. government. The phrasing of the LINC survey question allowed for some subjective interpretation on the part of respondents about what qualifies as adequate insurance. “Inadequately insured,” therefore, refers to artists who are either uninsured and underinsured. The

¹ Recognizing that many thousands of artists would not be reached via service organizations, we also distributed the survey virally through artists’ own social networks. This “snowball” version of the survey was open from August 17 to November 23, 2009 and received 1,563 responses. The snowball survey results are not included in this health care report, but a comparison of the snowball results to the main survey results is available at LINCnet.net.

CPS data helps illuminate this gap between the uninsured and the underinsured, which is substantial. Helicon used CPS data to compare uninsured artists with the uninsured population of the United States as a whole.²

To further explore artists' current situation regarding health care insurance and

explore the implications of the Patient Protection and Affordable Care Act (PPACA), Helicon conducted interviews with artists, providers of artists' services, artist advocates, and health care policy experts. We would like to thank those who generously offered their time and perspectives (a list of people interviewed can be found at the end of this report).

THE SURVEY CAPTURED THE PERSPECTIVES OF ARTISTS, RANGING ACROSS ARTISTIC MEDIA, RACIAL AND ETHNIC BACKGROUNDS, AGE COHORTS, LEVELS OF FORMAL EDUCATION, GEOGRAPHIC LOCATIONS, AND YEARS AS A PRACTICING ARTIST

² Due to limitations of the CPS data, this comparison was only possible for the demographic subgroups by gender, age, race/ethnicity, education, and income level.

Artists and Health Care Insurance Coverage

Artists are not the only people with challenging health care issues, but there are characteristics of many artistic careers that make artists especially likely to fall between the cracks of the health care system as it is currently organized.

In many ways, artists are an “at risk” population with regard to health insurance coverage, given the realities of their careers. Although they tend to be highly educated (66% have a college degree), two-thirds earn less than \$40,000 a year. Many artists are self-employed, and large numbers have at least one additional job in addition to their artwork, meaning that their time is often split between multiple part-time jobs that offer no benefits. Purchasing insurance as an independent worker is expensive at best, and nearly impossible for those who have been uninsured for a long time or have a pre-existing condition. In addition, Medicaid benefits have previously been restricted to adults with children, which excludes many younger or childless artists.

As a result, artists tend to “hope for the best, and ignore the worst,” according to Clyde Valentin from the Hip Hop Theater Festival (HHTF), based in Brooklyn, NY. The HHTF prioritizes purchasing health insurance for its

employees, which is unusual among small cultural businesses, but it is an ongoing struggle. And, like most nonprofit arts organizations, the HHTF is unable to extend insurance benefits to the artists it employs as performers. This dilemma is played out repeatedly for the tens of thousands of artists in this country who are hired to perform or create work on short-term contracts. They take a gamble every day in working without the safety net of insurance.

Sometimes the gamble has major consequences, as artist Grisha Coleman found when she became gravely ill in 2004. After an incorrect diagnosis, Grisha ended up in the emergency room with what was finally found to be a serious heart condition. A full-time employee of the California Institute of the Arts (CalArts), she thought her insurance policy would cover her health care costs, but she soon discovered that it was capped at \$25,000.³ After six days in the hospital and multiple surgeries, her bills were over \$100,000. Grisha finally won the case she filed to recover her costs, but only after six years of living with enormous debt and uncertainty. She had to teach herself the ins and outs of the health care insurance system and remain tenacious — both of which might have

³ The new health reform eliminates lifetime limits on essential health benefits immediately and annual limits beginning in 2014. From now until 2014, annual limits will be regulated by the Secretary of Health and Human Services. The new rules on lifetime and annual coverage limits do not prevent insurance plans from imposing annual or lifetime per beneficiary caps on benefits that are not considered “essential health benefits.” The Secretary will determine what benefits are considered “essential health benefits.”

been impossible if she had had chronic medical problems or did not speak English. Grisha's experiences convinced CalArts to alter its health benefit policies for employees, but there are many more people who still face the same risk.

Grisha now has a job at Arizona State University that provides health insurance, but positions like hers are competitive and not possible (or desirable) for all artists. She suggests that artists have a responsibility to educate themselves as part of this fight: "Yes, we're artists, but we're also people that have to live in the world. There are huge risks for living so far on the outside. Artists have a responsibility to educate themselves about the health care system." There are some differences in the demographic profiles of the two survey cohorts, suggesting the snowball

sample did reach artists missed by the main sample. One of the most striking differences between the two samples is in artists' levels of formal education. While both groups had a large number of college graduates, artists in the snowball survey are exceptionally well-educated. More than eight in 10 artists in the snowball sample have a college degree, including 56% who have at least some post-graduate education. By comparison, about six in 10 main survey artists hold a college degree, including 26% who had done graduate-level study. Interestingly, higher education does seem to correlate with higher income levels; the percentage of artists of different income levels in both samples is similar. The snowball sample also tended to be more female (59% vs. 46%) and have a larger number of middle-aged artists (46% vs. 34% age 45–64).

RATES OF **INADEQUATELY INSURED** ARTISTS ARE HIGHER THAN UNINSURED ARTISTS AT EVERY INCOME LEVEL, AND ARE **DOUBLE FOR ARTISTS WHO EARN \$60,000 A YEAR OR LESS**

UNLIKE THE TREND IN OTHER PROFESSIONS, INSURANCE **DOES NOT** SEEM TO IMPROVE WITH AGE

The Survey Data

The survey results demonstrate that it is a struggle for many to find adequate health insurance, even if they have some coverage. Whereas only 16% of artists are completely uninsured according to CPS data (compared to 15.4% of the general population), 36% of artists in the LINC survey report being inadequately insured. Insurance may be considered inadequate due to one or more factors, including high premiums or out-of-pocket costs, high deductibles, annual limits, or ineligibility for certain types of coverage.

Nor are those who have health insurance feeling secure. The LINC survey asked

artists how worried they were about a variety of issues as a result of the recession. Losing health care insurance was a major concern, with 31% of artists saying they were “very worried” about this possibility and another 19% saying they were “somewhat worried.”

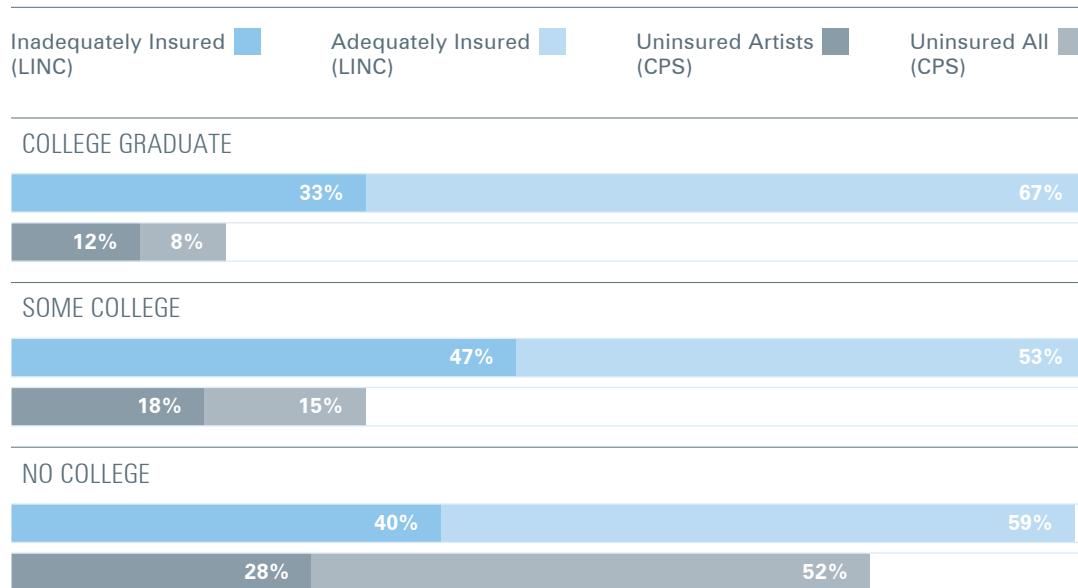
There are several factors that are highly correlated with the likelihood that an artist will have inadequate insurance. Variations between LINC data and CPS data are noted below where relevant.

Education

Artists who have not graduated from college are more likely to be inadequately insured than college graduates. This would be expected given that, in general, education is highly correlated with income. According to CPS data, there are many more artists who are underinsured than uninsured at every education level.

The pattern for artists is different than that of the general population. Artists are likely to be uninsured than the general

population if they have had at least some college. However, when it comes to those who have had no college the picture is dramatically different. Artists with no college are much more likely than others with no college to have health insurance. The survey does not give any indication why this is the case. It could be that artists often pursue serious training in lieu of a traditional academic education, giving them different but comparable skills to those who have a college education.



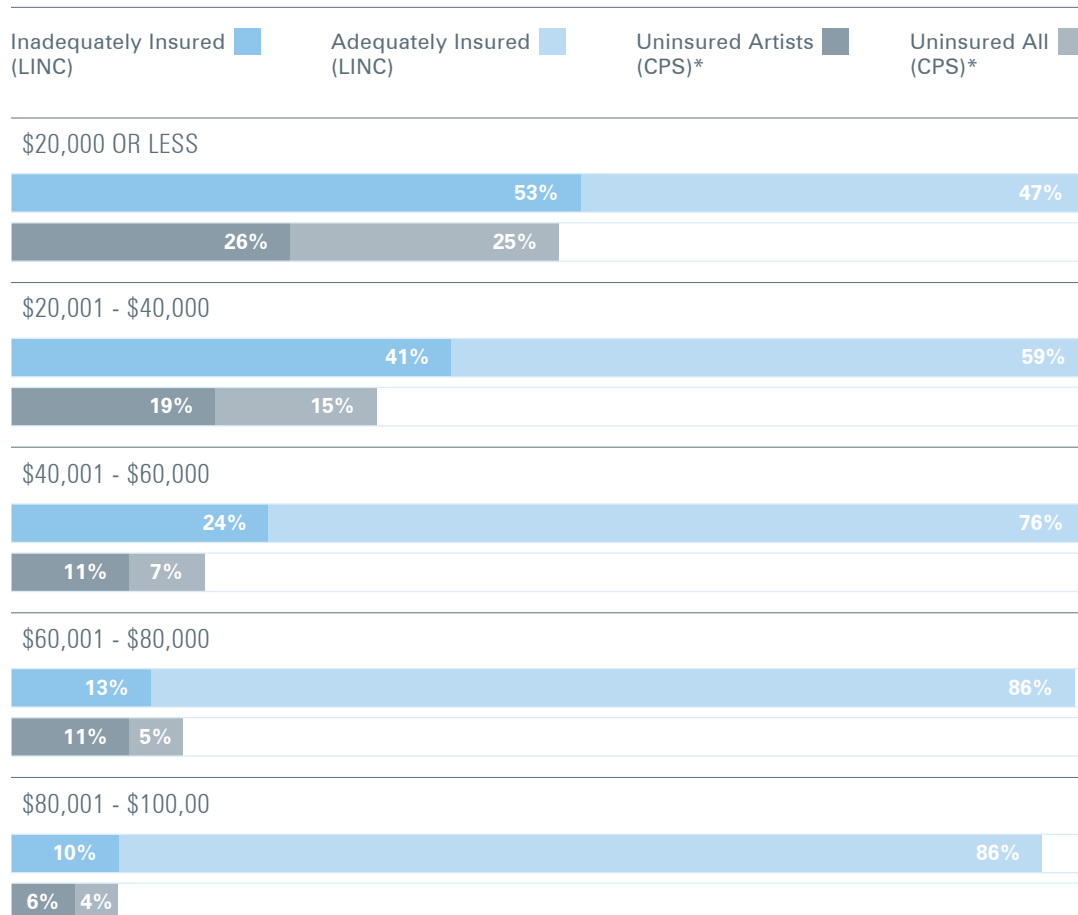
Income

While CPS data indicates that only 26% of artists making under \$20,000 a year are completely uninsured, twice as many (53%) artists at this income level are inadequately insured, highlighting the difficulty of finding adequate low-cost insurance.

LINC data matches the pattern of CPS data, with coverage rates and adequacy improving with income. Rates

of inadequately insured artists are higher than uninsured artists at every income level, and are double for artists who earn \$60,000 or less a year.

Artists are more likely to be uninsured than the general population, but this is particularly dramatic for people making over \$40,000 a year. At these income levels, artists are about twice as likely as the general population to be uninsured.

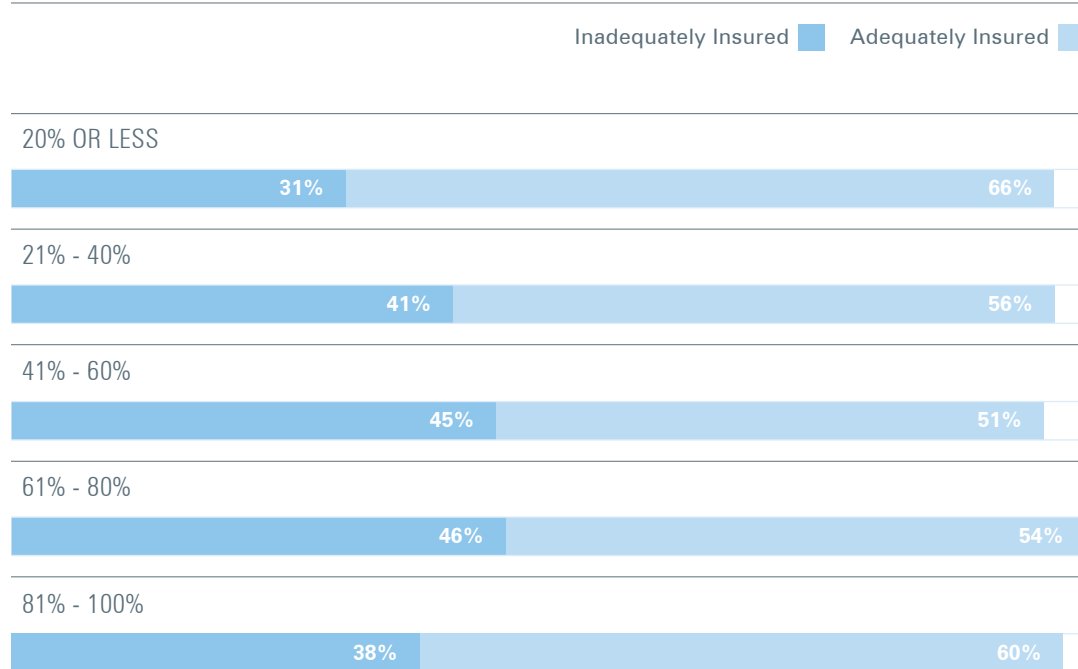


*Rates are based on total income average from the 2007-2009 CPS

Income Earned from Artwork

The LINC survey found that the artists who earn from 21%-80% of their income from their artwork are those most likely to earn under \$20,000 a year. This suggests that these artists are those who are trying to pull together an income from a variety of sources, including their artwork, something that is considered common practice for those who are trying to make

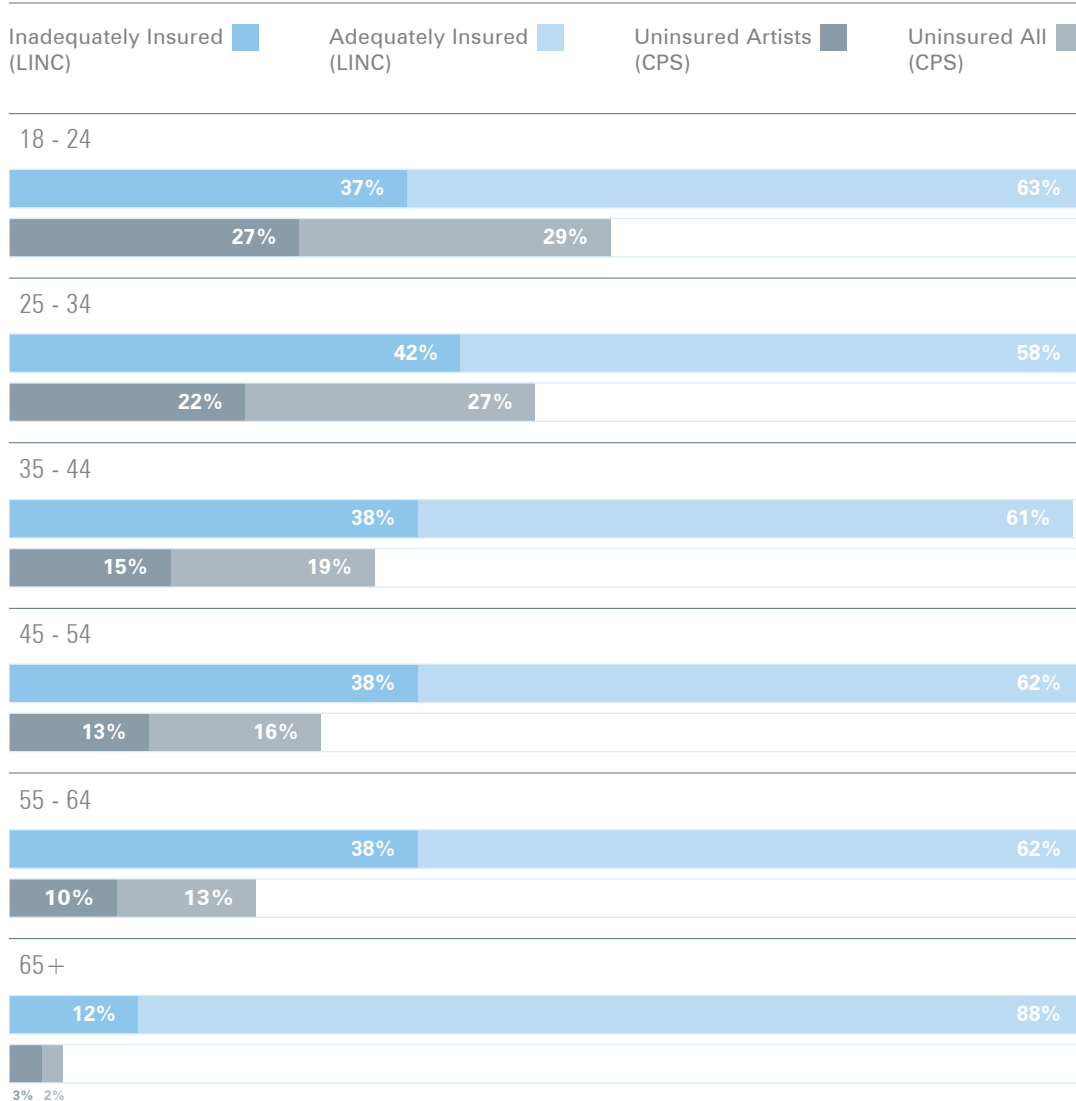
an artistic career work financially. Artists who rely on their art for almost none of their income, or almost all of it, tend to have higher incomes overall, and they also fare better with health insurance. Artists whose artwork makes up 21%-80% of their income are most likely to have inadequate health insurance.



Age

Artists between the ages of 25 and 34 are most likely to have inadequate insurance (42%). And yet, unlike the trend in other professions, insurance does not seem to improve with age. Typically, as people age, their income increases and they are able to afford better coverage until they eventually become eligible for Medicare at age 65. This is true for uninsured artists, according to CPS data, who generally follow the

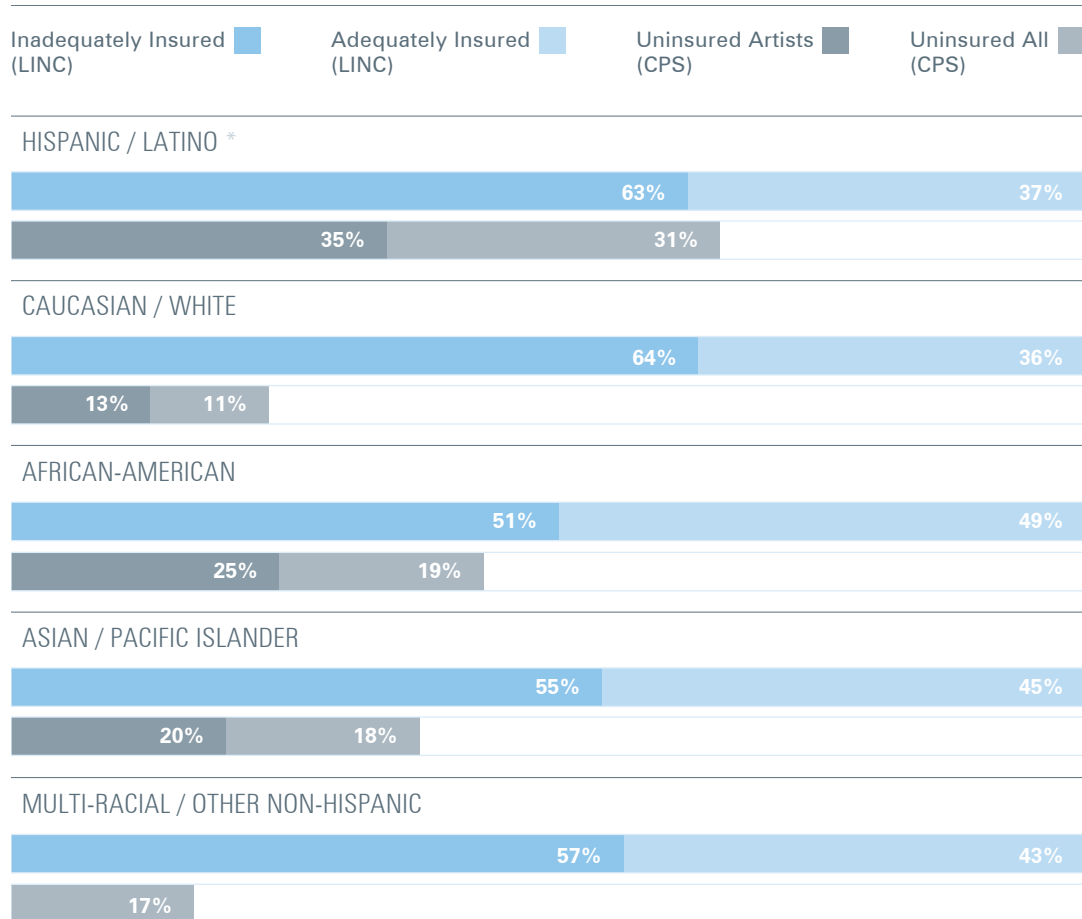
same trend as the rest of the population. The percentage of artists and others who are uninsured drops steadily with age, until it practically bottoms out at age 65. The data is very different with regard to insurance adequacy, with artists reporting high levels of inadequate insurance until age 65. This may be because many artists tend to have consistently low incomes throughout their lives.



Race / Ethnicity

Race and ethnicity data shows some of the largest gaps between inadequately insured (LINC) and uninsured artists (CPS). Typically, Caucasians have higher rates of insurance than other racial/ethnic groups. In the LINC survey, a similar number of White artists and Hispanic artists report being inadequately insured (about a third). African-American artists are most likely to be inadequately insured (49%) followed closely by Asians (45%). The gap between uninsured and inadequately insured varies widely depending on racial / ethnic group. While Hispanic artists report similar rates of being uninsured (37%) as inadequately

insured (35%), the rate of inadequately insured Caucasians (36%) is almost three times the rate of uninsured Caucasians (13%). African-Americans and Asians are about twice as likely to be inadequately insured as uninsured. It is unclear why this would be the case, but it is possible that "adequacy" is interpreted differently by different racial / ethnic groups. According to CPS data, artists of all races / ethnicities are slightly more likely to be uninsured than the general population. The difference is most dramatic for African-American artists who are uninsured at a rate of 25%, compared with 19% of African-Americans overall.



*Hispanic / Latino people can be of any race.

The Patient Protection and Affordable Care Act (PPACA)

As the data shows, artists face significant obstacles in accessing and obtaining affordable and adequate health care coverage. On March 23, 2010, President Obama signed the Patient Protection and Affordable Care Act into law. The law expands coverage and regulates the individual insurance market, which will meaningfully benefit artists, independent workers, employees and owners of small businesses, and creative entrepreneurs. Speaker of the House Nancy Pelosi highlighted the law's relevance for artists and creative workers when urging support of the bill prior to its passage:

Think of an economy where people could be an artist or a photographer, a writer without worrying about keeping their day job in order to have health insurance. Or that people could start a business and be entrepreneurial and take risks, but not be job-locked because a child has asthma or diabetes or someone in the family is bipolar. You name it, any condition is job-locking.

While this bill may have not gone as far in overhauling health care as some may have liked (for example, it continues to use and support the private insurance industry), it undeniably has the potential to improve conditions for artists and creative workers.

Key PPACA Provisions That Will Impact Artists

1. Dependent Coverage for Young Adults

According to CPS data, 27% of young artists between the ages of 18 and 24 are uninsured. Currently, many of these artists are faced with the choice to take a full time job with health benefits, leaving them little time to make art, or go without insurance because they cannot afford to buy it. Under the new law, adults between the ages of 19-26 will have the opportunity to remain as dependents on their parents' health insurance, as of the first annual renewal after September 2010. This provision may give young artists a chance to invest in building their artistic careers after graduating from school, rather than immediately seeking full-

time employment that offers benefits. Investing in one's artistic development early in one's career is critical for future earning potential. LINC research on artists has found that artists who spend more time on their artwork have substantially higher income levels than artists who split their time between two or more jobs.

2. Health Insurance Exchanges

Many self-employed artists are not part of unions and have been fully responsible for buying their own health insurance from private insurers. Without the risk distribution of a group plan, like what is offered by many larger employers,

IN JANUARY 2014, ELIGIBILITY FOR MEDICAID WILL BE EXPANDED TO ALL INDIVIDUALS AND FAMILIES WITHIN 133% OF THE FEDERAL POVERTY LEVEL (FPL)

the cost of purchasing insurance is often prohibitively high and the options confusing. As a result, many self-employed artists go without health insurance altogether or choose cheap plans with huge deductibles or coverage limits that fail them when they need it most. Small arts groups are often unable to offer insurance to their artists and other employees, since they do not have enough employees to qualify for group plans.

The PPACA mandates state-based “exchanges,” to take effect by 2014, in order to make health insurance coverage for self-employed individuals and small groups more affordable and accessible. These exchanges are designed to create an organized and competitive market for health insurance. Individuals and small businesses with up to 100 employees will be eligible to purchase coverage as part of a group, thereby distributing the risk and lowering costs. There will be a choice of plans and common rules regarding the benefits and pricing of insurance, and “navigators” will help consumers better understand the options available to them. These exchanges will not be allowed to consider pre-existing conditions in enrollment or in setting premiums and must be managed by a non-profit or governmental agency.

Exchanges will offer self-employed artists and small arts organizations clear, affordable options for adequate coverage. They will provide a much-needed lifeline for artists no longer able to gamble on their good health, because they are getting older or have health conditions. Currently, many of these artists, like Grisha Coleman, are pressured to find employment offering health benefits, which often entails leaving the arts field altogether. Under the new system, remaining independent may become a more viable option for more artists.

3. Preexisting Conditions

Currently, artists (and others) who have pre-existing conditions can be denied insurance coverage altogether, leading to a very severe awakening for those who have gambled on a hope-you-don't-get-sick strategy as described by Clyde Valentin. Insurance companies have been notorious for their liberal interpretations of pre-existing conditions, which can include common or minor conditions like asthma, old sprains, and pregnancy. In many cases, artists may have long gaps without insurance when they are young or between jobs, which in itself can be a reason for insurance companies to

justify expensive or limited coverage, even if a person has no health problems.

PPACA attempts to mitigate this situation during the gap between the enactment of the law and 2014, when the exchanges are fully implemented. By September 2010, adults who have been uninsured for the past six months and have a pre-existing condition will be able to buy into a high-risk pool. The premiums for this coverage will be subsidized by the federal government. Private insurers will be banned from having pre-existing conditions clauses for those in high-risk pools and for children under 19. This ban will be extended to adults in individual and group plans by 2014. These pools will help artists who previously would have been ineligible for coverage or suffered from extremely high premiums due to pre-existing conditions or having gone without coverage for a long time.

4. Expansion of Medicaid Eligibility

Currently, Medicaid excludes low-income adults without dependent children unless they are pregnant, elderly, or severely and permanently disabled. This leaves many low-income adults without coverage for health care services. Many artists fall into this group, with one-third reporting that they make under \$20,000 a year.

In January 2014, eligibility for Medicaid will be expanded to all individuals and families within 133% of the Federal Poverty Level (FPL). In 2009, 133% of the FPL for a single person was \$14,404 annually; \$19,378 for a 2-person family; and \$24,352 for a 3-person family. This expansion means many very low-income artists will now be eligible for public benefits.

5. Subsidies for Those Not Eligible for Medicaid

While there are a number of very poor artists that will be helped by the expansion of Medicaid, many artists make just enough that they will still be ineligible for this assistance, yet unable to afford private plans.

In 2014, the federal government will help to fill this gap by providing subsidies to individuals and families with incomes between 133-400% of the Federal Poverty Level to buy coverage from the Exchanges. Subsidies and credits will be awarded on a sliding scale based on income. For a single person, subsidies will be available for those who earn between \$14,405 and \$43,320. There will be two forms of subsidies for this income bracket: 1) premium subsidies, which place a limit on the percentage of income an individual or family spends on health insurance; and 2) cost-sharing subsidies, which help reduce out-of-pocket expenditures. As two-thirds of artists make less than \$40,000 a year, this will be an extremely beneficial aspect of the law to artists.

6. Small Business Tax Credits

Many artists are owners or employees of small creative businesses or non-profit organizations—dance companies, graphic design shops, theatre festivals, galleries, etc. These small businesses are a critical part of the arts ecology and, collectively, significant employers of the artist workforce. Without enough employees to qualify for group discounts and small or inconsistent budgets, the vast majority of these small operations do not provide health insurance to their employees.

As a result, these small companies struggle to retain artists or management personnel, many of whom eventually move on to look for jobs that can provide a living wage and benefit package.

The new law provides tax credits to employers with fewer than the equivalent of 25 full-time employees (or 50 half-time employees) and average annual wages of less than \$50,000 per employee to purchase health insurance for their employees. The subsidies are available for non-profit as well as for-profit businesses. This portion of the law is already in effect, as of January 2010, and the benefits will increase in 2014.

By helping artists who run small businesses to provide health benefits for themselves and the other artists they employ, this law increases the potential for small arts operations to thrive and expands viable employment options for artists. These small arts businesses fulfill unique functions within the arts sector, such as artistic experimentation, research and development, and reaching niche communities. These subsidies will help sustain this vital part of the arts community and make it possible for more artists to create viable careers in the arts.

IN 2014, THE FEDERAL GOVERNMENT WILL HELP TO FILL THIS GAP BY **PROVIDING SUBSIDIES TO INDIVIDUALS AND FAMILIES** WITH INCOMES BETWEEN 133-400% OF THE FEDERAL POVERTY LEVEL **TO BUY COVERAGE** FROM THE EXCHANGES

THE NEW LAW PROVIDES TAX CREDITS TO EMPLOYERS TO PURCHASE HEALTH INSURANCE FOR THEIR EMPLOYEES

The Future

With the passage of the PPACA, attention now shifts to the regulatory level, and setting the rules and policies that will govern the implementation of the law and establish the state exchanges. Policy experts and advocates caution that this does not mean “relax and wait for the benefits to roll in.” There is room for wide interpretation of the law in many areas, such as the definition of “qualified insurance plan” and the minimum benefit requirements. Who implements the provisions, how, and at what cost are questions yet to be answered and may differ widely state by state, as there is no standard process for implementation. Insurance, pharmaceutical, and other corporate groups are already lobbying for their interests, and many public interest advocates fear that these entities will exploit loopholes in the law to continue many anti-consumer practices and protect their profits. It is critical that public advocates maintain momentum in the fight for an interpretation of the law that serves the public’s interests.

The health care experts we interviewed suggested that there is a high likelihood that the implementation of the law will be challenged at the state level, especially around issues related to subsidies and taxes. Twenty states are already suing to block the reform as of August 19, 2010.⁴ It is even possible that the law could be overturned if there is a shift towards a more conservative government in 2012 or 2016. The surest weapon against these challenges is to achieve early successes in a few states in order to rally public support and investment in the program. In this way, says Andy Hyman from the Robert Wood Johnson Foundation, advocates hope to “get people vested in the program and increase the hope that the public has about the promise of health reform.”

Research and interviews suggest five areas of priority action. Advocates at both national and state levels are already pursuing these aims and this work should be sustained and reinforced.

⁴ Alabama, Alaska, Arizona, Colorado, Florida, Georgia, Indiana, Idaho, Louisiana, Michigan, Mississippi, Nebraska, Nevada, North Dakota, Pennsylvania, South Carolina, South Dakota, Texas, Utah, and Washington.

HEALTH INSURANCE NAVIGATION TOOL (HINT) PROVIDES ONE-ON-ONE PHONE CONSULTATIONS ABOUT HEALTH CARE INSURANCE ISSUES AND OPTIONS TO ARTISTS NATIONWIDE

1. Health Insurance Enrollment Campaign

The new health care legislation mandates that all individuals acquire health insurance by 2014. This provision helps to manage the costs of the program by distributing risk throughout the population and encouraging preventative care. Yet the system is complicated, with even more options likely to emerge through the exchanges and other offerings, and most artists do not have access to HR departments that can help them navigate it. The law mandates that the states contract with “navigators,” community-based or non-profit organizations that can reach out to underserved populations to help with education and enrollment.

Artist service groups can fulfill a critical role in helping artists “navigate” the new system and enroll in the health insurance plans that are most appropriate for them. National artist service organizations such as The Actors Fund, Fractured Atlas, and the Future of Music Coalition, among others, are working on this issue. The Future of Music Coalition, for example, offers guidance to artists through its

Health Insurance Navigation Tool (HINT), which provides one-on-one phone consultations about health care insurance issues and options to artists nationwide. The Actors Fund runs the Artists’ Health Insurance Resource Center (AHIRC), a comprehensive database of health care resources for artists, performers, freelancers, and the self-employed. Programs like these could be further funded and promoted as companions to local and national enrollment campaigns.

Health insurance is important, but it is meaningless without access to doctors and health care services. Over the next several years, there will be a huge increase in demand for primary care doctors and health services as people who were previously uninsured seek coverage and care. Artists need to build relationships with doctors now, rather than waiting for insurance to become mandatory in 2014, at which time many doctors will already be at capacity. One example of leadership in this area is the Artists’ Access to Healthcare (AAH) program run by Springboard for the Arts. AAH helps uninsured and underinsured artists gain access to low-cost health

care by brokering relationships for artists with doctors and health clinics in the Minneapolis/St. Paul area. The program also provides free vouchers to artists to take advantage of these services. Springboard's approach to help artists connect with doctors who understand their needs could be a useful model for other artist service organizations nationwide.

2. Information and Education

There are many unknowns and the situation will continue to change as the law is implemented in its various stages and locations. Reliable and up-to-date information is critical for individuals and small business owners wanting to know what this means for them, as well as for advocates and service organizations who are seeking to provide advice and assistance to artists and small nonprofit arts organizations. There are a number of organizations that provide excellent information through their websites, such as Families USA, The Actors Fund, The Kaiser Family Foundation, Small Business Majority, and Leveraging Investments in Creativity. This research and commentary is essential to distilling and interpreting the components of a complicated law for lay audiences.

Ensuring that these sites stay up-to-date and accurate is critical, but it is also important to disseminate information to artists and creative business owners who might not know where to look for it, or even be aware of the implications that this issue has for them. This information can also be used to feed an outreach campaign by local and grassroots organizations. For example, Clyde Valentin suggested that most of the artists and audience members who are part of the HHTF are uninsured, but many do not

trust large national organizations to have their best interests at heart. Such artists are unlikely to reach out for information or help. Organizations that artists do trust, such as HHTF and similar presenting and service organizations, can distribute information at their events and serve as a broker between their constituents and larger service organizations and advocacy groups. Part of an effective information and education effort will involve identifying and reaching out to local advocates who can connect with artists.

Devising a system that ensures these local advocates continue to receive up-to-date information specifically tailored to their constituencies is also key. This might mean creating fact sheets that tell artists in a region what health insurance options are available to them, and/or referring people to national services such as AHIRC and HINT that already do this. Coordinating the development and dissemination of such information resources is something that the emerging advocacy network might take up.

3. A Coordinated Network

Many artist advocacy and service groups are waiting to see what happens as the first parts of the law are implemented in the summer and fall of 2010. The leaders that we interviewed agree that future action should be coordinated and collaborative. Many said it would be great to have a focused national conversation that includes everyone involved in health care issues related to artists. A network could help ensure that resources are quickly and effectively deployed when specific action is needed, and develop messages that are consistent and available in multiple formats to be used by all members. This network or coalition of

artists' advocates can also align itself with advocacy and research groups that are promoting effective reform more broadly.⁵

Alex Miaolo of the Future of Music Coalition suggested another asset for PR and advocacy: "Artists and musicians can get people's ears because people think we're cool." Yet a number of interviewees cautioned that artist advocates should not segregate themselves from other groups needing better health care coverage, or position this as an "artists' issue," even if they offer artists targeted assistance. Policy experts and consumer advocates we spoke with suggested that artists and their advocates must expand their strategic allies. The likelihood of affecting meaningful change will be increased if artists join the fight for all underserved Americans. In Miaolo's words: "We need to advocate for everyone who is underserved in this country because artists are underserved in this country." Nor is being treated as separate desirable from an artist's perspective. As Grisha Coleman put it: "I don't think that it helps to pull artists out as 'special.' Artists need to be more included in society, not more separate from it. It does a disservice to artists to treat them as separate and special."

4. Consumer Advocacy

One of the elements of the new law that will have the biggest impact on individuals is how the exchanges are developed on a state-by-state basis. These exchanges will develop a new marketplace for health insurance outside of the private insurance options that currently exist. The exact

details of how these exchanges are run, including costs of premiums and minimum coverage requirements, are still being decided and have substantial political and economic implications. States are beginning to set up advisory committees, which will include political, medical, insurance company, pharmaceutical, and hospital representatives, to work on these details. National groups like Families USA seek to provide state-based consumer advocates with information and training that can help them effectively represent the public at this table. Those who work on behalf of artists should aim to communicate the needs of their constituents to the appropriate state-level advocates. For example, because many artists have low incomes, cost is an important factor. Fractured Atlas wants to ensure that the minimum required coverage is not cost-prohibitive for artists.

5. Tracking and Publication of Best Practices

As many of our interviewees pointed out, the battle for universal health care coverage is not over. It is critical that success stories be widely publicized in order to continue to build public support for reform. In addition, those working on the implementation itself, whether on state-level task forces setting up exchanges or on the ground running enrollment campaigns, are in many ways experimenting to find effective strategies. It is important that information about the most successful of these experiments be widely disseminated so that they can be replicated elsewhere. The stakes are high.

⁵ Groups such as the Herndon Alliance, an advocacy and research group that includes nearly every major health policy player as a partner, has been testing messages about health care reform with the public for years. They have generated and publicly tested messaging that speaks to public values, and could be a great resource or partner for artists' advocates.

ORGANIZATIONS THAT ARTISTS DO TRUST, SUCH AS HHTF AND SIMILAR PRESENTING AND SERVICE ORGANIZATIONS, CAN DISTRIBUTE INFORMATION AT THEIR EVENTS AND SERVE AS A BROKER BETWEEN THEIR CONSTITUENTS AND LARGER SERVICE ORGANIZATIONS AND ADVOCACY GROUPS

Conclusion

The 2010 Patient Protection and Affordable Care Act has the potential to significantly improve health care conditions for individual artists and the owners of small creative sector businesses, who often have trouble acquiring adequate health insurance. Yet the degree to which this potential is realized is dependent on how the law is implemented on the state level and whether it outlasts the Obama administration. Advocates and service organizations who work on behalf of artists must stay informed and put pressure on political and public sector leaders to interpret the law in ways that are favorable to the public, of which artists are a part. The better-organized this campaign is, bringing all kinds of artists together and joining the “arts” cause with other causes in the public interest, the more effective it will be – in both the short term and the long run.

More Resources

Future of Music Coalition: HINT
The Actors Fund: Artists Health Insurance Resource Center
Families USA
The Urban Institute
The Robert Wood Johnson Foundation
Brookings Institution's Engelberg Center for Health Care Reform
Kaiser Commission on Medicaid and the Uninsured
The Henry J. Kaiser Family Foundation
The Commonwealth Fund
Freelancers Union
National Center for Health Statistics
UCLA Center for Health Policy Research
Center for Studying Health System Change (HSC)
Leveraging Investments in Creativity
Herndon Alliance
Center for American Progress
Small Business Majority

Interview Credits

James Brown, The Actors Fund
Grisha Coleman, Artist
Cheryl Fish-Parcham, Families USA
Adam Huttler, Fractured Atlas
Andy Hyman, The Robert Wood Johnson Foundation
Shana Lavarreda, UCLA Center for Health Policy Research
Alex Maiolo, Future of Music Coalition
Clyde Valentin, Hip Hop Theater Festival
Laura Zabel, Springboard for the Arts

THE BATTLE FOR UNIVERSAL HEALTH CARE COVERAGE IS NOT OVER

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