

# Who are the uninsured in Montana?

**ALL MEANS ALL**  
Making Racial Equity a  
Cornerstone of Medicare for All

**86,000**

Montanans are uninsured.

**30%**

of Montana's uninsured are minorities.

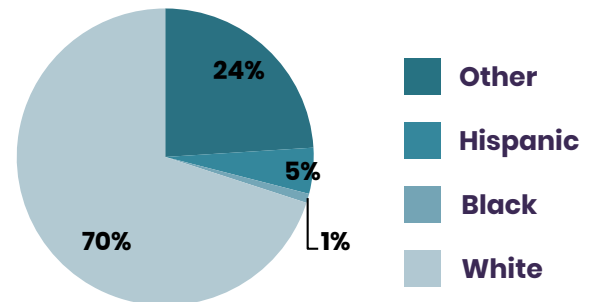
## By Race/Ethnicity

- 30% of Montana's uninsured are minorities
- People of color in Montana are more likely to be uninsured

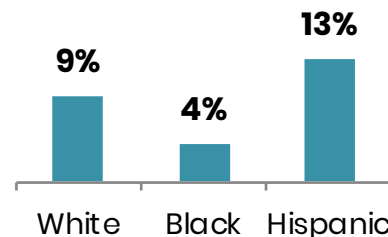
## Socioeconomic Status

- 51% of the uninsured have a high school diploma or less
- 81% of the uninsured are from working families
- 47% of the uninsured have a household income of less than \$50,000 compared to 35% of all Montana residents

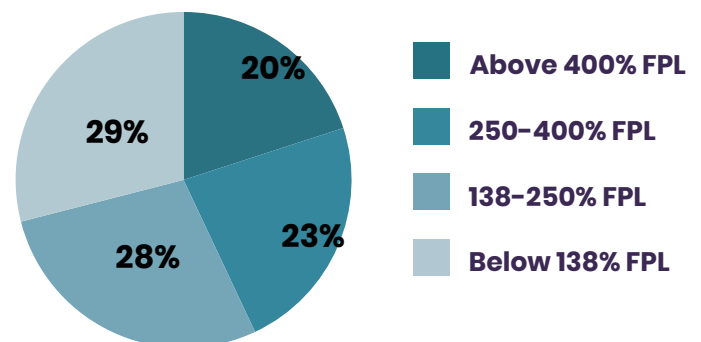
## Share of uninsured, by race/ethnicity



## Uninsured rate, by race/ethnicity



## Most of Montana's uninsured are low income



The 2019 FPL (federal poverty line) for an individual is \$12,490. Incomes below 250% FPL are considered "low income."

Rep. Gianforte, **ALL** of Montana needs Medicare for All.

## America's Uninsured are Majority-Minority

The US Census projects the majority of the American population will be of minority background (majority-minority) by the year 2040. But right now, 59% of America's uninsured are people of color. **In Montana, minorities are more likely to be uninsured despite being only 14% of the population.**

### **Medicare For All extends health care as a basic human right to every US resident.**

Everyone is automatically enrolled, and the coverage moves with every person as he/she/they move through different chapters of life: from childhood to adulthood, from job to job, through health and sickness. Consistent, stable coverage for health care is critical for all of us, but especially for minority communities. Under the status quo, coverage is inconsistent. Eligibility fluctuates as people change jobs, incomes, addresses, or other life circumstances (marriage, divorce, graduation from school/college, injury, retirement, etc.).

Racial disparities in coverage for health care are unsustainable for Montana. We can address these injustices with urgency through Medicare For All.

## Medicare For All Addresses Minority Health Disparities

Universal coverage is not enough for minority Americans, many of whom do not have easy access to hospitals and clinics, and can not find high-quality, culturally competent care. **Medicare For All directs research and resources to improve health equity at state and national levels for medically underserved populations.** Through this work, we can upgrade service, deliver high-quality medical care, and improve outcomes.

**Under Medicare For All, the prices for prescription drugs will be significantly lower** because Medicare will have negotiating power against Big Pharma corporations. Minority families will no longer struggle with the false choice of paying for groceries, utilities, or prescriptions. Health outcomes amenable to medication will improve.

## We Must End Racism in Health Care and Elsewhere

Even with the passage of Medicare For All, we will still need to dismantle structural racism in health care and in our society. Structural racism is the biggest contributor to minority health disparities and poor health outcomes. **Medicare For All is a critical tool for building racial justice, but it is by no means a panacea.** Building and maintaining equity will require levels of diligence and vigilance our country has not deployed yet but certainly must if we are to thrive. By guaranteeing every person in America the basic human right of health care under Medicare For ALL, we take an important step forward.

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## ALL MEANS ALL

Making Racial Equity a Cornerstone of Medicare for All

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Join the All Means ALL campaign at [socialsecurityworks.org/allmeansall](https://socialsecurityworks.org/allmeansall)

Data retrieved from <https://www.cbpp.org/research/health/fact-sheets-who-are-the-remaining-uninsured>