

Untangling the health care mess

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There has been a great deal of concern for the problems of the uninsured, underinsured and "at risk for being uninsured" in America recently. There are over 46 million Americans, 1.6 million North Carolinians, and almost 35,000 Durham residents who have no health insurance for a whole year, and even more who are underinsured for all or part of the year. Individuals without insurance tend to be sicker; receive health care less often; when they do seek care, the care is of lower quality. Because they cannot access the discounts that health insurance companies have negotiated, the uninsured are often billed more than insured patients for the same medical care.

Despite the fact that the U.S. spends more per resident on health care than any other nation, the health of Americans, as measured by mortality rates, is worse than that of every other developed country. The World Health Organization rates the US 37th in the world in health care quality.

Thus, our country is struggling with fundamental questions about its health care system. How can we deliver care that results in the best health outcomes for the greatest number of people? What can we do to make health care delivery more efficient? What is the best way to ensure that people who have no health insurance get the health care that they need?

Two states have attempted to answer this last question by legislating universal healthcare. Through a series of mandates, including individual mandates and taxes on small businesses, Massachusetts could be the first state to guarantee that all residents have access to health insurance. But that doesn't mean access to health care. They have not attempted to change the health care system to improve quality, accessibility or efficiency. The estimated cost is predicted to exceed that anticipated by the plan's proponents. The fee charged to small businesses that choose not to insure their employees vastly under-funds the program.

It is yet to be determined whether this plan will work in Massachusetts, let alone North Carolina. NC has a higher proportion of uninsured than Massachusetts, and more residents with incomes below 200 percent of the federal poverty line. We can't afford a solution such as the one in Massachusetts, which adds more demand for health services but doesn't address the availability or cost-effectiveness of the supply side.

California has gone a little further than Massachusetts in addressing the supply of medical care. Their bill also would require individuals to buy private insurance, as they are required to buy auto insurance, but the proposal does not regulate the health insurance industry to the extent that the auto insurance industry is regulated. Regarding this, Gov. Schwarzenegger said, "You must let everyone make their profits."

Profits are certainly generated in the current US's health care delivery system. Administrative costs, including profits, cost approximately 20-30 cents of every private insurance premium dollar. Whether it is phenomenal compensation to executives or in the form of dividends to shareholders, we reward profitable health care services in America. Many efforts over last few

years place health care more in the hands of private companies, as exemplified by privatizing Medicare-approved drug benefits or, more locally, our statewide mental health reform.

Complementing the work that the Access to Healthcare Committee of the Partnership for a Healthy Durham is doing with other community partners to improve access to health care for the uninsured in Durham, Health Care for All NC and the NC Health Access Coalition are working at the state level to ensure that all North Carolina residents have access to health care, not simply access to health insurance. Rep. Verla Insko will introduce a "Health Care for All" bill, currently co-sponsored by 23 legislators, in the NC Legislature soon. This bill would amend the state constitution to make access to "appropriate health care on a regular basis" a constitutional right, as is education. The NC Health Access Coalition and others are also working to create a high risk pool at the state level for individuals who would not otherwise be able to afford insurance due to pre-existing medical conditions and, with Action for Children, is also working to expand coverage for children without health insurance.

Durham is not waiting on federal or state legislation to help its people who struggle under the current system. Various local stakeholders are working together to design a more humane and cost-effective way to help people who simply cannot afford health insurance in our current climate. However, we are also tracking and trying to stay involved in state and federal initiatives. We invite others to get involved to help create a more sustainable solution to the healthcare predicament that we find ourselves in.

The Partnership for a Healthy Durham is the Healthy Carolinians planning team for Durham and serves as the Health Committee for the City and County's Results-Based Accountability efforts. The Access to Care Committee of the Partnership for a Health Durham will be responsible for this series of articles.

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Health Care for All - NC

(919) 338-2535

www.ncdefendhealthcare.org

NC Health Access Coalition

www.ncjustice.org

The North Carolina Health Access Coalition is a group of individuals and organizations representing consumers. The Coalition works to educate the public about health care reform options, and enables consumers to become active participants in developing health policy for the state and nation.

NC Institute of Medicine

www.nciom.org

The North Carolina Institute of Medicine (NC IOM) is an independent, non-profit organization that serves as a non-political source of health policy analysis and advice in North Carolina.

The Kaiser Family Foundation has many fact sheets and reports on the uninsured, and reform proposals. <http://www.kff.org/uninsured/>

The Robert Wood Johnson Foundation has research information, materials, and funding opportunities around health insurance coverage.

www.rwjf.org