

HEALTHCARE REFORM-WHY EVERYONE SHOULD CARE

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Healthcare reform currently dominates public debate. Some care passionately, others feel immune. Here are the top five reasons why everyone should care.

1. No one is immune to insurance problems.
2. Uninsured persons pose public health issues.
3. We all pay for the uninsured and it costs a lot of money.
4. The current insurance system is killing business.
5. We are supposed to be a civilized nation that values life.

What we need to alleviate these problems is at the end of this article.

No one is immune. Eighty-five percent of Americans have health coverage in some form. They may have private insurance, whether it be an HMO, PPO, EPO, HSA, or alphabet soup, or the government takes care of them, through Medicare, Medicaid, or State Children's Health Insurance Programs (S-CHIP).

Insured, secure people can sit in the comfort of their living rooms and make assumptions about the uninsured, most of which are invalid. They can believe that the uninsured are the unemployed, but eighty percent of the uninsured live in families in which the head of household works. They do not have employer sponsored insurance and cannot access it through a family member. They may work for small businesses which have difficulty finding and affording employee health insurance, or they are one of the 22% of the uninsured who work for firms with 500 or more employees.

The insured can assume that only the very poor have no insurance, but thirty three million uninsured persons (20%) have household incomes of \$25,000 or more, and 18 million earn more than \$50,000. Average health insurance premiums skyrocketed 119% between 1999 and 2006. Those making less than \$50,000 a year can't afford the \$12,106 average annual cost (in 2007) of employer-sponsored family coverage without a sizable employer contribution. But their choice is pay the premium or go without insurance, since they are not eligible for Medicaid. Medicaid coverage is only available to low-income children, pregnant women, people with disabilities, and the elderly. Just being poor doesn't qualify you for Medicaid.

Many of those can't get insurance at any price because of a pre-existing condition. They've been denied insurance because they are sick and need it. At 30 years old you may not have any medical history, but by age 50 or 60 you've probably accumulated at least one. Lose your current insurance and you may not be able to replace it. Private insurance companies can and do cancel policies after you get sick, deny payments, and refuse to insure anyone who is or ever was sick with anything remotely resembling an illness that could recur.

A friend's 9 year old, rambunctious, healthy daughter was denied coverage because of a wandering eye. A retired physician has to return to work to get group insurance to cover his wife after her kidney transplant. No private insurance company will insure her with an individual plan. Most people think I'm healthy, but Blue Cross denied

me coverage in 1995 because of an asthma attack requiring hospitalization in 1967. No hospitalizations since and I've completed 5 marathons without wheezing collapse, but for goodness sake, a health insurance company wouldn't want to take the risk of paying for an illness.

Try on a few other scenarios of a safely insured person becoming a statistic: Imagine the day when you can have your DNA analyzed and likely future health problems predicted. It might help you to plan your life, but it might also help an insurance company decide to cancel your policy.

What if you retire at age 55 (too young for Medicare) and your company continues your insurance as part of your retirement package, but then goes bankrupt and ceases to exist? Lehman Brothers and an occasional airline company come to mind. Who can guarantee that any of the existing insurance companies will pick you up? They don't have to and often don't.

Of those who are insured, the 40 million covered by U.S. government-run Medicare are probably the only ones absolutely guaranteed health insurance. (The gentleman in North Carolina who doesn't want the government messing with "his Medicare" clearly shows the level of idiocy and misunderstanding associated with the health care debate.) The rest of us exist at the whim of employers, health insurance mega-companies, and Medicaid. Even Medicare payments equal only 80% of "allowable amount" of covered services. An elderly person must pay for the other 20% of allowed services and 100% of non-covered services, acquire a 'medi-gap' policy to pay, or deplete all her financial reserves to qualify for Medicaid.

The uninsured create public health issues. If you oppose healthcare reform and really don't care if the guy down the street dies from his cancer, please reconsider your stance from a collateral damage point of view. If the uninsured, untreated diabetic or person with cardiac disease passes out while driving, you could be the one she kills. When the CA state mental hospitals closed, many of those uninsured adults ended up on the streets, living in unsanitary conditions.

Consider the infectious disease ramifications of the uninsured, who delay treatment until they are really sick, circulating in the community and potentially infecting others. If a neighbor who contracts influenza can't get treatment, you and your children who bump into her at the store are much more likely to get sick too.

Tuberculosis (currently resurging in the world), AIDS, sexually transmitted diseases and many other infectious diseases are all treatable, but they require doctor visits and medication. If more people are uninsured, more will forego treatment, exposing you and yours to diseases you would have otherwise missed.

When most people have been vaccinated, the population has what we call "herd immunity." The likelihood of anyone coming down with measles is very low if everyone has been immunized. Even if one child falls ill, there are no susceptible children to infect, therefore no outbreak.

In 2006 8.7 million children lacked health insurance. Millions of those might introduce into schools diseases that we usually take for granted as being eradicated, like measles and mumps, because they are less likely to be vaccinated.

We all pay for the uninsured. How much is unclear. Unreimbursed care, expensive emergency room treatment instead of a doctor's office, and collateral damage exact a huge toll.

According to the U.S. Census Bureau, 46.3 million Americans, 15.4% of the population, lacked health insurance in 2008. That figure comes from asking Americans if they *were insured for any period of time during 2008*. If you had insurance for *only one* of the 12 months, you still would have to answer yes, you had insurance. Some say that the figure is inflated by counting non-citizens and people who were covered by government programs but didn't know it. But those numbers are more than offset by the millions who lacked insurance for at least part of 2008 – a number estimated at 30% of all Americans.

Understanding coverage options leaves a dismal outlook for adults aged 19-64. Medicare covers 100% of Americans age 65 or older, as well as younger adults with disabilities or end-stage kidney disease. So all the uninsured statistics really apply only to people under age 65. Of those, Medicaid and State Children's Health Insurance Program (S-CHIP) will fund, with federal dollars, insurance for 41 million children this year. With S-CHIP expansion, signed into law this year, coverage will increase by 5.2 million, to 11 million children (in families with incomes above the federal poverty level but < \$36,200 for a family of four).

The Census survey finds that 1.6 million more adults lost their health coverage between 2007 and 2008, and some estimate that 6 million more became uninsured in 2009. But removing children from the uninsured rolls, through S-CHIP, makes the total number and percent of people uninsured look stable. The statistics hide the fact that the brunt of the uninsured problem increasingly shifts to the non-elderly, non-disabled adults.

Put a face on just one of those people – Say your 22 year-old granddaughter, just graduated from college, now off her father's insurance plan and uninsured because she's still on probation at her new job. She contracts H1N1 influenza and spends 5 days in the hospital intensive care unit. You either hold bake sales, take out a second mortgage to help pay, or feel guilty when she files for bankruptcy. Nice way to start a life.

Insurance companies cover the 'cream,' leaving those most likely to need medical care to take their chances and fall on the public to pick up catastrophic costs. That's where those of you have insurance come in. When the guy with no insurance or money has a heart attack and undergoes bypass surgery in your local hospital, the hospital 'eats' part of the bill. But it's not a total loss, since doctors and hospitals roll that cost into all their fees charged to paying patients and your insurance company. So you pick up the tab without knowing it.

Because the patient has no money, he is referred to the County system or he may qualify for Medicaid. In either case, the hospital waits a long time for the deeply discounted payment, paid with your tax dollars, and passes along the deficit to you, the paying patient.

The current insurance system is killing business. I was asked recently if I thought the government or the private sector would do a better job of managing Americans' health insurance. I replied that the current system of private-health-insurance-through-employers has already failed up to 30% of Americans at least some time during the year, so the answer is obvious.

Employment-based health coverage has declined for eight years in a row, most recently from 59.3% of Americans in 2007 to 58.5% (1 million fewer persons) in 2008. Fewer people are covered by private health insurance (66.7% in 2008 -- down from 67.5% in 2007) and more folks are relying on government health insurance programs (29% in 2008 vs. 27.8% in 2007) for coverage.

AND the current system is breaking businesses, both small and large. At about \$400-500 per employee per month, health insurance is a huge financial drain on companies. Initially offered as a 'perk' to end-run wage controls and attract and retain good employees, its conversion to a mandate for large businesses has dragged down their bottom line and sent jobs packing to India and China. Very small businesses may not have to offer insurance, but just try to attract and retain intelligent people without it.

The service sector offers less access to health insurance than do manufacturing companies. The self-employed entrepreneur, a mainstay of American capitalism, has no guarantee of finding an insurance company who will agree to coverage. If that entrepreneur expands business, hires more employees and chooses to pay for health insurance, she either pays lower wages, charges more for product or loses profits to insurance premiums. The money comes from somewhere. No matter how big a company, the cost makes a sizeable divet in the bottom line. Just ask GM.

AND the current system is tying some people to jobs they dislike. Lose or quit your job, you lose your insurance. Sure, you can COBRA, but at exorbitant cost, and it only lasts 18 months. Then you flail through the exclusionary and limited options for individual, private plans. They don't have to insure you, so they just may not.

The uninsured suffer negative health consequences from lack of access to necessary and affordable medical care. About one-quarter of uninsured adults go without needed care due to cost each year. They face personal economic disaster if hospitalized or faced with serious illness. Ten years ago a non-wealthy patient of mine with no insurance ended up as a patient at a local medical trauma center. The center billed her \$17,000 for her less than 24 hour stay (no surgery other than a few stitches and they really didn't find much wrong). They made her pay every penny. Her fees compensate for the deep discounts they negotiate with insurance companies, are required to give Medicare and Medicaid and write off for patients with no money. She's sorry she went.

The uninsured are less likely than those with insurance to receive preventive care or services for major health conditions. They seek care later in an illness, when it is more severe. They are diagnosed at more advanced disease stages and, once diagnosed, tend to receive less therapeutic care. Lack of access to timely treatment causes more than 22,000 uninsured adults to die prematurely each year.

According to the American Public Health Association, the uninsured are just the tip of the problem. Another 25 million *underinsured* people who also receive inadequate access to care and are at risk of many of the same outcomes as those with no coverage at all.

I teach medicine in Peru. They have the social security health system for the employed and retired, and the government system for a few others and those who can pay. When asked what happens to the vast numbers not covered and unable to pay, I was told, "They die."

Do we want to keep our heads in the sand as the richest country in the world choosing to ignore the problem, while people suffer and die? We are supposed to be the leader in human rights and humanitarian philosophy. We express outrage when an employer's abuses or neglect leads to a death, while it's business as usual in third-world countries. Why not the same caring for fellow Americans when it comes to disease?

It's easy for those dying, uninsured people to be faceless and nameless. But what if it were the neighbor who cares for your animals when you are away? Or your sister? No matter how financially secure you are, you and yours, under the current system, are not immune.

Thoughts on the solution. Right now the debate swirls around "healthcare", but no one is really talking about health. They talk about money to pay for illness treatment and a few preventive measures. We *already* spend more money per capita than any other nation on earth and fall way down on measures of health, with a ranking near the bottom of industrialized nations.

At least 70% of the patients I take care of when I work as a hospitalist self-induced their illness through their lousy lifestyle. Most have some form of healthcare reimbursement, so they don't have to pay the price of their choices. Products of American entitlement, they feel they have the freedom to drink, smoke, eat and lounge around as they please, with the expectation of a pill or surgery to fix it, and the right to sue if it doesn't work (all of which drive up medical costs).

Insuring everyone doesn't guarantee health. For that we need people to take more responsibility for their minds and bodies, not just paying for their screwed-up lifestyle. Those who drink more than a little alcohol, over-eat, under-exercise, use tobacco products, or smoke, snort or shoot-up illicit drugs need to stop. Then we would actually improve our collective health and medical costs. All of us, insured or not, can be part of the solution, by taking better care of ourselves.

We must have healthcare coverage reform that includes
1) universal coverage,

- 2) **no exclusions or financial penalties for pre-existing conditions,**
- 3) **no discrimination based on sex, age, race or health status,**
- 4) **policy premiums that are affordable and comply with #3,**
- 5) **portability, so you aren't tied to a job just for insurance, and**
- 6) **coverage for basic preventive measures, illness treatment and medications.**

We should pay for healthcare reform by huge taxes on tobacco (the recent increases were not enough – see DrG's MediSense issue 4-2), soft drinks (and maybe other empty calories), alcohol and gasoline (cars kill and maim, but gasoline fuels them and pollutes, hurting health). Such financial disincentives might actually change behavior, as shown with tobacco. Less disease, less medical cost, less cost of healthcare reform, better health. What a concept.

WASTED INSURANCE COMPANY DOLLARS

If the insurance industry wasn't spending so much money fighting healthcare reform, they might be able to deny fewer claims and insure more people.

Ditto for executive pay. Aetna's Ronald A. Williams, topping the pay scale, made \$24,300,112 in 2008, a slight million dollar raise from 2007. For a 60 hour work week, rounding down and including vacation time, in 2008 he made \$7780 per hour.

Can any executive be worth the diseases that could be cured with just some of that money? A public option or single payor would eliminate much of the top layer of administrative expense of 'healthcare,' which has nothing to do with health.

END OF LIFE DECISIONS

VS DEATH PANELS

The healthcare reform bill's proposal to reimburse physicians for spending time with patients to determine their wishes about end-of-life care is a phenomenally insightful way to respect patients' needs and doctors' time.

This provision, present in both the Democrats' version and bills sponsored by Republican Senators Murkowski of Alaska and Isakson of Georgia, would make these doctor-patient appointments totally optional.

Absolutely no one, other than Sarah Palin in her Face book "Death Panel" post, has said that any governmental agency will make end-of-life decisions for another human being. Senator Johnny Isakson said that it is "nuts" to misconstrue the proposed legislation's language to claim the bill encourages euthanasia.

We spend billions on end-of-life care because people don't make their wishes known (in writing) about resuscitation, life-support, nutrition support, dialysis, chemotherapy, and other aggressive care. Care they often wouldn't have wanted.

Six percent of Medicare patients die each year, and in the process consume ~30% of all Medicare expenditures. That's logical, since most people who die are sick before the event. We spend well over \$20,000 (on average) in the last 6 months of Medicare beneficiaries' lives. Some die suddenly, costing zero. Others are dragged through weeks of Intensive Care Unit misery before leaving us.

Some patients want it all, and that's their prerogative. Some don't, and they shouldn't be subject to a prolonged, possibly painful, death because their family just can't recognize that death is a natural part of the life cycle. Some families have too much love or guilt or both to make the decision to stop testing, prodding, needle-poking and operating on someone who is already basically dead or has no chance of functional survival. Or, worse yet, siblings and children fight, something most elderly would not want to see happen.

There's no death panel, just you and your doctor discussing your fears, hopes and preferences. So your family doesn't have to.