

The Impacts of Health Insurance on the Uninsured and the Underinsured

Isabela Camayd

INTRODUCTION

American healthcare is intricate and a cause for debate, to achieve a completely insured nation is almost impossible. Over many years the healthcare system has changed dramatically and will continue to advance as the years progress. To achieve a lower number of underinsured/uninsured individuals it is imperative to utilize all efforts into making insurance more accessible to all who reside in the United States.

In the year 2020 the percentage of uninsured individuals skyrocket due to the Coronavirus, millions of individuals became unemployed, thus resulting in the termination of insurance provided by their employers.

Healthcare in America has thousands of barriers to achieving healthcare coverage and insurance. A solution to some of these barriers is to decrease the cost of health care services, make insurance more accessible for low-income individuals, and follow The Affordable Care Act. Most of the solutions provided are aiming towards improving the American Healthcare System while aiding the Uninsured/Underinsured.

“Following a century of starts and stops, and bursts of progress followed by years of stagnation, the collective efforts of policymakers, providers, advocates, patients, families, and government and business alike, have helped more people access health coverage and health care. We have improved the quality of health coverage for Americans. And we have started to bend the nation’s health cost curve downward” (Burwell, 2018, p. 825).

SIGNIFICANCE

- “The ACA includes provisions to expand both Medicaid and private coverage, with the goal of reaching many of the 50 million individuals who were uninsured in 2010 when the law was enacted. Prior to the ACA, states covered low-income children and their families through Medicaid and the Children’s Health Insurance Program. However, states typically did not provide coverage for non-elderly childless adults. In addition, some low-income parents remained uninsured because income eligibility levels for parents were typically significantly lower than those for children” (Buchmueller et al., 2016, p. 1417).
- “The Affordable Care Act (ACA) has made new health insurance options available to uninsured individuals in low- and middle-income households, a group in which Blacks and Hispanics are overrepresented” (Buchmueller et al., 2016, p. 1416).
- “One study documented a 40% decrease in uninsured visits to free clinics in states that expanded Medicaid eligibility compared to a 16% decrease in states that did not” (Sessions et al., 2018, p. 263).
- During the pandemic, millions of workers lost their jobs “These developments will add to the 31 million persons who were uninsured and the more than 40 million estimated to be underinsured before the pandemic struck” (Blumenthal et al., 2020, “Insurance Coverage” section, para. 1).
- “Important expectations apply to noncitizens. Undocumented immigrants are excluded from the ACA’s major coverage expansions” (Buchmueller et al., 2016, p. 1417).
- “Perhaps for this reason, lawfully present noncitizens with incomes below the poverty level who are ineligible for Medicaid may instead be eligible for marketplace premium tax credits and cost-sharing subsidies (a benefit unavailable to other groups below the poverty level)” (Buchmueller et al., 2016, p. 1417).

POSITION STATEMENT

The American Healthcare system directly effects those who are unemployed, between jobs, non-permanent residents, those in poverty and many more. Individuals who lack quality insurance often disregard their health needs like filling a prescription due to the cost. Adapting the healthcare system to accommodate all who inhabit the United States will decrease the percentage of underinsured and uninsured.

SUPPORT FOR POSITION

- “Our research shows that, at the peak of the Great Recession in 2009, approximately 25.1 million Americans reported that, during the previous 12 months, they did not fill a prescription because they could not afford it. The prevalence of CRN declined after 2010, coinciding with an improving US economy and implementation of the Patient Protection and Affordable Care Act (ACA; Pub L No. 111–148)” (p. 1804).
- “Large disparities in health insurance coverage related to race and ethnicity are a long-standing feature of the US health care system and a cause for concern among policymakers and health care professionals. Several studies have identified these differences in insurance coverage as an important determinant of disparities in access to care” (Buchmueller et al., 2016, p. 1416).
- Race, ethnicity, lack of employment, and poverty all contribute to the disparities in health insurance “The ACA created substantial new federal funding for states to extend coverage to all adults with family income below 138% of the federal poverty level (FPL) (or about \$33 000 for a family of 4 in 2014). Although the ACA originally required states to extend their Medicaid programs to this population, a June 2012 Supreme Court ruling essentially made” (Buchmueller et al., 2016, p. 1417).
- Allowing more accessible health insurance and coverage allows for more healthcare to be provided to those who need it, unlike before the ACA and millions of individuals could not get the needed healthcare.
- “Whether private or government insurance, patients were often seen at the free clinic citing gaps in prescription drug coverage or limitations to conventional healthcare access due to outstanding balances. Nationally, these “under-insured” patients often forgo necessary healthcare due to cost concerns”(Sessions et al., 2018, p. 266).
- “One study documented a 40% decrease in uninsured visits to free clinics in states that expanded Medicaid eligibility compared to a 16% decrease in states that did not” (Sessions et al., 2018, p. 263).



This Photo by Unknown Author is licensed under CC BY-NC

IMPLICATIONS FOR PRACTICE

- “To address some of the barriers to health insurance enrollment, many states, including Minnesota, have developed Patient Navigator Programs to bridge the gap between policy and implementation. Navigators help guide patients through Marketplace enrollment, answer questions about eligibility and enrollment, and assist with applications” (Sessions, et al., 2018, p. 265).
- “Another part of the financing puzzle is guaranteeing that essential services that were under supported in fee-for-service markets before the pandemic are adequate in the future. This will mean public policies to shore up primary care services, behavioral health care, safety-net providers, and rural health care services. The pandemic has shown the limitations of insufficiently planned markets in caring for Americans, both in normal times and in emergencies (Blumenthal et al., 2020, “Securing the Finances of Our Health Care System” section, para. 7).
- “Free clinics are part of a larger ‘safety net’ that provides medical, dental, and pharmaceutical services to uninsured and underinsured patients nationwide” (Sessions et al., 2018, p. 263).
- Uninsured and underinsured individuals tend to get lower quality of care compared to those who do have insurance.
- As health care professionals it is our duty to provide care in a professional manner, thus maintain everyone's dignity. Although a large population of our country's inhabitants are uninsured or underinsured all healthcare workers should advocate for their patients regardless of their background.
- Value-based insurance is another way to help those who are paying out of pocket for extra tests and poor quality care, “By designing insurance packages that cover evidence-based preventive care, wellness visits, and certain high-value treatments (such as medications to control blood pressure) at little or no cost to consumers, health plans can promote prevention, healthy behaviors, and treatment adherence among beneficiaries, all of which may save money by reducing future expensive medical procedures and the provision of low-value care” (Warner et al., 2020, “A Shift to Value-Based Care Delivery Models” section, para. 3).
- Providing individuals with proper education about preventative measures can aid in cost reduction for those who cannot afford to treat preventable illnesses.
- “All people living in the United States should have guaranteed access to evidence-based preventive services with minimal or no cost sharing, regardless of how they gain coverage” (Warner et al., 2020, “The AHA’s Principles for Healthcare Reform: 2020 and Beyond” section, para. 4).



This Photo by Unknown Author is licensed under CC BY-NC

CONCLUSION

In the United States there are millions of individuals who are uninsured and underinsured, over the past ten years the American Health system has been changing to support those who cannot obtain insurance. Fixing the accessibility of Insurance is crucial to aid those millions of individuals who lack insurance coverage.

Enforcing The Affordable Care Act has benefit a large majority of those who are uninsured/underinsured, without this act in place the American healthcare system would not be where it is today. Due to the large diversity in the United States it is imperative to accommodate for all to obtain.

Many individuals who are uninsured are facing lack of education about the resources available to them. Many of the uninsured/underinsured citizens are also reluctant to even fill out an application for health insurance due to the cost. Proper education and implementation of accessible resources like a patient navigator will help reduce the high rate of uninsured/ underinsured.

REFERENCES

- Blumenthal, D., Fowler, E. J., Abrams, M., & Collins, S.R. (2020). Covid-19 – implications for the health care system. *The New England Journal of Medicine*. <https://www.nejm.org/doi/full/10.1056/NEJMs2021088>
- Buchmueller, T. C., Levinson, Z. M., Levy, H. G., & Wolfe, B. L. (2016). Effect of the Affordable Care Act on Racial and Ethnic Disparities in Health Insurance Coverage. *American Journal of Public Health, 106*(8), 1416–1421. <https://doi.org/10.2105/AJPH.2016.303155>
- Burwell, S. M. (2018). The Simple Reality of Our Complex System: The Future of Health Care. *Journal of Law, Medicine & Ethics, 46*(4), 825–828. <https://doi.org/10.1177/1073110518821973>
- Kennedy, J., & Wood, E. G. (2016). Medication costs and adherence of treatment before and after the affordable care act: 1999-2015. *American Journal of Public Health, 106*(10), 1804–1807. <https://doi.org/10.2105/AJPH.2016.303269>
- Sessions, K., Hassan, A., McLeod, T. G., & Wieland, M. L. (2018). Health insurance status and eligibility among patients who seek healthcare at a free clinic in the affordable care act era. *Journal of Community Health: The Publication for Health Promotion and Disease Prevention, 43*(2), 263–267. <https://doi.org/10.1007/s10900-017-0414-8>
- Warner, J.J., Benjamin, I. J., Churchwell, K., Firestone, G., Gardner, T. J., Johnson, J. C., Nh-Osorio, J., Rodriquez, C. J., Todman, L., Yaffe, K., Yancy, C. W. & Harrington, R. A. (2020). Advancing healthcare reform: The american heart association’s 2020 statement of principles for adequate, accessible, and affordable health care: A presidential advisory from the american heart association. *American Heart Association Advocacy Coordinating Committee*, <https://doi.org/10.1161/CIR.0000000000000759>