

# Nurses Can Make A Difference on the Impact the Uninsured/Underinsured Have on Health Care

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## INTRODUCTION

In 2010 a comprehensive health care reform law was passed as the Affordable Care Act or also known as Obamacare. The law mainly focused on making health insurance affordable for more people. Despite the enactment of the health care reform, many Americans are still uninsured/underinsured, and it is likely that number has grown over the past year because of Covid-19 and unemployment.

Health care is costly and for those who do not have health insurance coverage, they have less access to care opposed to those who do have health insurance. With lack of coverage for health care costs and lack of access to health care resources, the uninsured are more likely to postpone or forgo the health care they need. It is especially detrimental to the uninsured/underinsured individual and the health care system when preventable conditions or chronic diseases go undetected.

## SIGNIFICANCE

“The uninsured rate increased from 2017 to 2019 amid efforts to alter the availability of coverage... 26.7 million in 2016 before climbing to 28.9 million individuals in 2019” (Tolbert et al., 2020).

“The uninsured rate in 2019 tickets up to 10.9% from 10.4% in 2018 and 10% in 2016, and the number of people who were uninsured in 2019 grew by more than one million from 2018 and by 2.2 million from 2016” (Tolbert et al., 2020).

“They found that 18.2 million people with chronic obstructive pulmonary disease, asthma, heart or kidney disease, diabetes, or body mass index of 40 kg/m<sup>2</sup> or higher and those 65 years and older were uninsured or underinsured” (Beusekom, 2020).

## POSITION STATEMENT

The uninsured/underinsured do affect the health care system in the United States and also the economy. Preventive measures are cheaper than restoring health. Individuals who are uninsured/underinsured lack or have limited access and coverage to obtain resources for preventive care. When individuals experience an acute episode and seek medical attention they soon learn about a diagnosis of a chronic disease that manifested and went undetected. Maintenance of chronic diseases may require additional resources and maintenance proves to be costly for individuals and the health care systems.

## SUPPORT FOR POSITION

According to Tolbert et al., 2020:

“Studies repeatedly demonstrate that the uninsured are less likely than those with insurance to receive preventive care and services for major health conditions and chronic diseases.”

“Many uninsured people do not obtain the treatments their health care providers recommend for them because of the cost of care. In 2019, uninsured nonelderly adults were more than three times as likely as adults with private coverage to say that delayed filling or they did not get a prescription drug due to cost (19.8% vs. 6.0%).”

“Because people without health coverage are less likely than those with insurance to have regular outpatient care, they are more likely to be hospitalized for avoidable health problems and to experience declines in their overall health. When they are hospitalized, uninsured people receive fewer diagnostic and therapeutic services and also have higher mortality rates than those with insurance.”

## IMPLICATIONS FOR PRACTICE

Nurses are the members of the health care staff that spend the largest amount of time at the bedside of the patient. Because of this, nurses are the greatest advocate for the patient. Therefore, as the patient’s greatest advocate, nurses need to assess their patients’ socioeconomic status and their health care needs to advocate and connect their patients’ to obtain the resources they need.

There are free clinics that are accessible to the uninsured/underinsured that the nurse must teach and advocate the patient for.

Helen Koski, a registered nurse who works in the Progressive Care Unit explains, “High-quality discharge instructions from encounters with uninsured and underinsured patients can promote patient safety and prevent adverse events” (Koski, 2021).

Koski also explains, “since free clinics manage a broad range of both chronic and urgent care needs such as hypertension, diabetes, and sexually transmitted infections, nurses are faced with providing discharge instructions to patients with complex health needs” (Koski, 2021).

Being diagnosed with a chronic health condition or needing urgent care while being uninsured is not the end of the line. Nurses need to provide effective discharge instructions to these vulnerable populations so they can obtain the resources they need to manage their conditions, improve quality of life and ultimately reduce health care costs.

Nurses also have the opportunity to volunteer at free clinics. Koski explains, “First of all, free clinics depend on support from volunteer nurses, physicians, nurse practitioners, and other clinical team members” (Koski, 2021). Volunteers have a variety of experience to provide education for the uninsured.

## CONCLUSION

Health care is costly and for those who are uninsured/underinsured, they have limited access and coverage to health care resources.

The uninsured/underinsured are less likely to seek preventative care, which is cheaper than maintenance or treatment of a condition. Preventative care assists with preventing/detecting diseases and conditions that are preventable or detecting a disease/condition early so that further progression is prevented. Because the uninsured/underinsured are less likely to seek preventative care, they are at higher risk for manifesting preventable diseases/conditions that could have been prevented. In addition, their health status deteriorates and they may experience an acute episode that sends them to the hospital. At the hospital they are diagnosed with a progressive disease/condition that may require life-long treatment, which is more expensive than preventative care that could have possibly detected the disease/condition earlier on. Therefore, the uninsured/underinsured prove to be costly for the health care systems and the individual him/her self.

Health care is a human right and people should be able to seek the medical attention they need without worrying about costs.

It is 2021 and there are now free clinics and resources that are obtainable for the uninsured/underinsured. It is important for the nurse to be the patients’ greatest advocate to assist them in obtaining the resources they need to ultimately improve quality of life.

## REFERENCES

- Beusekom, M. V. (June 10, 2020). *Study: Risk of severe COVID-19 imperils millions of uninsured*. Center for Infectious Disease Research and Policy. <https://www.cidrap.umn.edu/news-perspective/2020/06/study-risk-severe-covid-19-imperils-millions-uninsured>
- Koski, H. (2021). Challenges providing discharge education for uninsured and underinsured patients. *American Academy of Ambulatory Care Nursing*.
- Tolbert, J., Orgera, K., & Damico, A. (2020). *Key Facts About the Uninsured Population*. Kaiser Family Foundation. <https://www.kff.org/uninsured/issue-brief/key-facts-about-the-uninsured-population/>