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by Irina Lozovsky

With US economy in long term recession, the globalization of job market, fewer and fewer employers offer health insurance benefits to their employees. A lot of employees can’t afford the co-pays, and refuse to sign up for the offered health insurance. Healthcare costs are growing, alongside with the number of uninsured and underinsured working Americans. All this are signs of crisis in US healthcare system. While the nationwide solution has to come from the federal government, there are still some options for the uninsured to get basic care without the financial burden. The nurses are in key position to help the uninsured to get the care they need.

For many of the uninsured, the costs of health services and medical care are weighed against equally essential needs. Very often the choice is between paying the medical bill and buying the groceries. Medical bills can mount quickly for the uninsured and the financial impact, particularly on a low-income family, can be severe. Nurses, just by the nature of our profession, are very involved in this problem. We play the role of a buffer between the doctor and a patient; we are patient’s advocates. Doctor prescribes the treatment without having any idea if the patient has insurance or not, if the patient can afford the prescription or not. It is often the nurse, who is told by the patient that he or she is unable to pay. The nurse is in a important position to listen, use her critical thinking skills, and refer the patient to the appropriate service, such as social worker or financial consultant. Additional problem with uninsured or underinsured patients is that they are often reluctant to seek medical help at the first symptoms. If there is something wrong with a person with health insurance, his or hers first reaction would be to see a doctor. If there is something wrong with a person without health insurance, his or hers first reaction would be to wait a bit, because it cold be something not that serious. This attitude produces all kinds of casualties for people without the health insurance. For example in my clinical last semester a woman without insurance had severe abdominal pain for three days, and didn’t go to the doctor. When things got very bad, she finally went to the emergency room, and it turned out that she had appendicitis, which turned into peritonitis, and instead of easy laparoscopic surgery and a maximum of 3 days hospital stay, she ended up with complicated open abdominal surgery, and 2 weeks in the hospital. Now, this obviously affects nurses, because we are the ones who will take care of this patient, and will have to deal with more acute symptoms and more complicated procedures.

As a registered nurse, I am seeing the disparities in health resulting from a lack of access to care as a major problem. This issue had always been noteworthy, because the number of uninsured in the United States has always been significant. However, this issue becomes increasingly important because of the changes in the economy and the number of uninsured today. This problem is really taken gigantic and terrifying proportions: the number of uninsured in America rose up to 45.8 million, or 15.7 % of the population, in 2004, and the number rapidly escalating. Of those almost 46 million uninsured, 8.3 million are children. Another dramatic number, 37% of Americans age 19 and older, have difficulty paying, medical bills; have acquired medical debt, or both. (Hellander, 2006) While the number of uninsured Americans has been growing, the demographic, and the social and economic factors that place a person at risk of being uninsured, have not changed substantially over time. Two-thirds of the uninsured are individuals and families who are poor (incomes less than the federal poverty level or $20,614 for a family of four in 2006), or near-poor (with incomes between one and two times the poverty level). Another16% has incomes just above this level (between two and three times the poverty level). Employer-sponsored health insurance is voluntary for employers and employees. Thirty-eight million people from working families were uninsured in 2006 because not all businesses offer health benefits, not all workers qualify for coverage, and many employees cannot afford their share of the health premium (Hellander, 2006).

There are a few reasons, why this problem is so extremely important today. First of all, the more technologically advanced healthcare is, the more expensive it gets. Rapid advancements in technology are producing new, more effective diagnostic tools and treatments, but at higher costs. Therefore, today’s healthcare costs are extremely high. As a result, it is virtually impossible to pay medical expenses without insurance. Not having medical insurance simply equals to the not getting medical care needed. And not having regular care can have very serious consequences on patients’ health and can cost a lot more at the end to both the patients, and the taxpayers. Uninsured people are twice as likely as insured not to receive preventive services, such as mammograms, pap smears and prostate exams. (Van Loon, Borkin & Steffen, 2002) The lack of preventative services can lead do dramatic consequences. The cost of caring for the uninsured is very high. When the uninsured do get needed care, they tend to be sicker than their insured counterparts, and are at increased risk for mortality. The established link between coverage and access to timely medical care for acute, chronic, or preventive purposes shows that those with access to health care services will have better overall health status compared to those without access. (Van Loon, Borkin & Steffen, 2002) Workers without health insurance are likely to be less productive than their insured counterparts. This is attributable to preventive morbidity and mortality. Kennedy and Moran name the escalating cost of the medical care as the major barrier that uninsured Americans face when seeking medical care. (Kennedy & Moran, 2006)

This issue can be approached on many levels. As the new nurses we have to be aware of the alternative health service options available, and refer the patients to the appropriate channels. With the issue of uninsured, nurses are in a very important position. They are the ones who are able to help uninsured patients and families locate nearby sources of free or low-cost medical care, such as free clinics or hospitals that offer charity care, or refer the patient to the appropriate services, to the social worker or the appropriate outreach program. (Anderson & Eamon, 2004) Also, it is nurse’s job to foster consumer responsibility for personal health, self-care and informed decision making. Another way in which nurses can make a difference is to participate in local health events that target the uninsured. (Burnette, 2006) Nurses can volunteer their time and expertise to make a real difference in their local communities.

On the level of hospitals and health agencies, this issue could be improved by providing free or discounted care to the people who lack health insurance. Free care (charity) programs make the hospital tax-exempt charity organization that saves the hospitals millions of dollars of tax money each year. For many uninsured families this might be the only option to receive medical treatment needed. (Giffords, 2005) Unfortunately, these kinds of programs are often not accessible enough by those who truly need them. Uninsured people lack the information about such programs. To make things worse, hospitals that provide this kind of care are often avoid advertising that free care is available. Hospitals and health agencies should try to make these programs more reachable by making people of the local communities aware that those programs exist and are available to them.

Private health insurance companies are commercial organizations, whose final goal is profit, not health coverage for people who are signed up with them. As most big businesses in recent years, health insurance companies are coming up with schemes to drain people, and state and federal budgets of all the money possible. This same trend is characteristic of the giants of pharmaceutical industry, artificially increasing the costs of health coverage as well (Hellander 2006). To prevent futher malpractice in this area, federal government needs to exercise more control, possibly issuing more severe punishments for the people responsible.

Federal and state governments fund the vast majority of uncompensated care. That money is vital to the public hospitals and clinics that provide the bulk of such care, but funding levels have not kept pace with the rising number of uninsured and increasing medical costs. Changes in the overall economy, the rapid growth of insurance premiums driving the decline in employer-sponsored insurance, and the inability of Medicaid and other public safety net programs to cover more of the uninsured, largely explain the trends in health coverage over the past decade.

On the government level, this issue can be resolved by introduction of the universal, federal government supported health care coverage. To significantly jump-start the process facilitating access to care, I believe that we must remove the burden of obtaining private health insurance, which for most people is currently tied to employment, and offer universal health care coverage. We need creative, innovative solutions to push the present system out of its current crisis.

Kennedy and Moran in their article state that despite the fact that Canadian health care system is far from perfect; it still works better then the present system in the United States. Although the Canadian system has its drawbacks, it has one important point: it provides the healthcare needed to everyone in the country, regardless of age, employment, or income. In 2003, The National Health Insurance Act was proposed in the US Congress. The act called for the creation of a universal [single-payer health care](http://en.wikipedia.org/wiki/Single-payer_health_care) system in the [United States](http://en.wikipedia.org/wiki/United_States), in which the government would provide every resident health insurance free of charge. Unfortunately, it was not passed. Implementing universal health care coverage in the United States would provide great benefits to everyone. It is obvious that introduction of the universal health care program will require special funding. Taxpayers, on their level should be ready to support such a system. And according to the nationwide survey conducted by Pew Research Center in 2005, American public is willing to pay up. Almost 70% of working Americans would like to see federal government guarantee health coverage for all the Americans, even if taxes increase. (Hellander, 2006)

Nursing organizations, on their level could increase nurses’ awareness of existing issues and possible ways to resolve them. They should provide the information on what is being done about the health crisis, and what options are available for the uninsured population. Also, they can coordinate nurses in their efforts to help the patients in need. Information availability and accuracy plays a key role for the resolving of this problem, and nursing organizations are in a unique position to provide nurses with the most full and up to date information. Additionally, nursing organizations can organize forums, seminars, and meetings to increase public awareness of the national healthcare crisis. Those meetings could also draw attention of the press and local policy makers.

Consumers should not remain passive in this situation. They should play an active role in improving their health care options. Their choices must be educated ones. It is important that consumers actively investigate the healthcare options that are available to them even before they have a health problem. Additionally, consumers should be active members of the society. They can shape the healthcare system the way they need it to be by being active citizens and electing the candidates who can address their concerns in the local and federal government.

There are a few sources of information that can be monitored to track the situation with the national healthcare crisis. One of them is the web site of the special project sponsored by the Robert Wood Johnson Foundation, launched in 2002 (www.covertheuninsuredweek.org), which contains a lot of information about the local and national activities focusing on the problem of the uninsured population. Another useful source of information is the American Nurses Association web site (nursingworld.org). It has the whole section on the health system reform in the United States. Moreover, while doing the research for this paper, I found a lot of useful information in the *Social Work* and *Health and Social Work* magazines. In my opinion these magazines might be a useful source of information to keep track of this issue.

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