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Guiding principles for fair, sensible health care policy.

The Institute of Medicine's criteria of five (5) principles to consider when grading health care policy and plans: 1) *Universal*; 2) *Continuous*; 3) *Affordable*; 4) *Funding*; and 5) *Quality*.

1. Universal

Is the plan designed to cover everyone regardless of social or economic factors?

The only thing universal about health care in the US today is that no one is immune to being or becoming uninsured or under-insured. There are many private and public health care plans in the US, the trouble is that none provide good coverage to everybody and, increasingly, benefits are being reduced while costs to the consumer keeps rising dramatically. The result: a crisis.

About two-thirds of Americans under 65 have health care coverage through work, but it is estimated that about half of them are actually under-insured

8 in 10 uninsured are from working families.



because their portion of costs keep rising as benefits keep declining, so they aren't seeking and/or receiving the care they need. It is estimated that up to half of Americans with health insurance are under-insured—that's about 47 million people. There are incremental public programs that try to close the gap for one-third of Americans—nearly 47 million—who are uninsured. Still, the bottom line is that about two-thirds of Americans are under-insured or uninsured.

6 in 10 Americans are uninsured or underinsured.



The number of uninsured has been increasing since the mid-1980's. Stop-gap measures at the state and federal levels, using both public and private funding, are not the solution for an ever-expanding national crisis. No American should have go without medical care, period. A guarantee of health care for all makes sense because it will minimize gaps in coverage, reduce economic pressures on health care providers, and, most importantly, provide access to affordable, quality health care for everyone.

2. Continuous

Is the plan designed to provide continuous coverage regardless of job or health status?

The only thing continuous about health care in the US today is the worry. Families and individuals are perpetually concerned about getting and keeping coverage if they change or lose a job; no longer qualify as a dependant under a parent's plan; or aren't working due to illness, being in school, early retirement, or for another reason. What's more, consumers (including children) are penalized for having a break in coverage through a "go bare" period, which means that the person must pay the premiums for the insurance for a set period of time, e.g., 6 months, before s/he can actually access the services!

1 in 3 adults are uninsured for at least 1 mo. every 48 mos.



Analysis suggests that, in just one year, the diminished health and shorter life spans of Americans under 65 due to lack of health insurance translates into a \$65 billion to \$130 billion loss for our nation.

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1) Universal; 2) Continuous; 3) Affordable; 4) Funding; and 5) Quality

3. Affordable

Is the plan designed so that all individuals and families can afford equal coverage?

Affordable health care is becoming a thing of the past. Poll after poll after poll indicate that the #1 reason individuals and families do not have health insurance is that they simply cannot afford it. In 2000, 66% of companies offered group insurance, today only 61% do, and do so by reducing or ending the employer portion of cost-sharing; meanwhile, costs continue to skyrocket.

9 in 10 uninsured workers are from middle- and low-income families.



Nearly half of all uninsured adults report problems in paying medical bills, and half of all personal bankruptcies are linked to medical debt. The reality is that, without equitable group insurance through work or a public program, most people simply cannot afford to pay out-of-pocket for health insurance, let alone pay for “full-price” medical services that are substantially higher than the discounted costs negotiated by insurance companies.

6 in 10 uninsured workers are from low-income families.



4. Funding

Is the plan funded to meet current and long-term needs?

The US spends more per capita on health care than any other nation. Yet, we do not come close to most industrialized nations in having access to affordable, high-quality care. There remains an erroneous perception that, as a society, we cannot afford to guarantee quality health care to everybody. The reality is that we cannot afford not to! Another reality is that we are all already paying for everybody’s health care—a lot more than we would otherwise if everyone was guaranteed access to good health care. In 2001, for instance, \$99 billion public (taxpayer) funding was spent on health for the uninsured. This is bad public policy, especially when we know that access to continuous, comprehensive care prevents and ensures early treatment of disease; thereby tremendously reducing health care costs.

5. Quality

Is the plan designed to provide effective, efficient, timely, safe, and equitable care to everyone?

Medicine and medical technology to improve and enhance well-being continues to expand, but in our current system many do not have access to high-quality care that is effective, efficient, safe, timely, and equitable. Studies show that the uninsured use between one-half to two-thirds less number and value of services than the insured; therefore, are more likely to receive too little care too late and die sooner as a result.

Uninsured adults have a 25% greater chance of dying prematurely.



18,000 people under 65 die each year as a direct result of not having health care coverage that would enable them to seek and get the quality care they need.

For detailed information about the Institute of Medicine’s principles, please visit THCC’s web site @ www.thcc2.org