

**Although tens of millions of Americans lack health insurance, the problem is by no means recent. In fact, getting and keeping health care has always been somewhat uncertain.**

In most other economically developed countries, governments guarantee health coverage, or require that citizens have it. In the U.S., however, coverage is not stable. It can come and go. This can have devastating clinical and financial consequences for those who find themselves without health insurance, even for relatively short periods.

Because of job mobility and eligibility requirements for public coverage programs, those who have insurance today may not have it tomorrow. Indeed, more and more Americans lacked insurance in the decade ending in 1998, a situation which temporarily reversed in the late 1990s with the boom in the economy. Since then, the number of uninsured has started to rise again. According to the U.S. Census Bureau, 41.2 million lacked insurance for all of 2000, but in 2003, the latest figure available, that number had grown to 45 million people.<sup>1</sup>

Slower economic growth played a part in that increase as companies laid off workers and added fewer to their payrolls. Public programs, such as Medicaid, which is jointly funded by Washington and the states, saw enrollment grow as workers lost income and became eligible for benefits. But budget deficits forced most states to put a brake on this growth by reducing eligibility or benefits, among other actions.

## **WHERE DO PEOPLE GET HEALTH INSURANCE?**

The majority of nonelderly people in the United States—161.8 million workers and their dependents in 2003—get their coverage through their employers, a decline of 1.9 million people from 2002 and a decline of 4.8 million since 2000.<sup>2</sup> Like many employee benefits, the biggest companies tend to offer health coverage more often, and to offer better coverage. (Only about half of companies with 3 to 9 employees offered any coverage at all in 2003.)<sup>3</sup> Workers in manufacturing and government jobs are more likely than others to have coverage offered to them. Surprisingly, even when a company offers coverage, not all employees are insured; some work part time or have not worked with

## **KEYFACTS**

- An estimated 45 million Americans, or 15.6 percent of the population, were uninsured for all of 2003, according to the U.S. Census Bureau.<sup>a</sup>
- In 2003, 33 percent of Hispanics, 20 percent of blacks, 19 percent of Asians and Pacific Islanders and 11 percent of non-Hispanic whites were uninsured for the entire year.<sup>b</sup>
- More than eight out of 10 of those who lack insurance are in working families.<sup>c</sup>
- In 2003, 67.1 percent of Americans who were uninsured for the entire year had household incomes under \$50,000, according to the U.S. Census Bureau.<sup>d</sup>
- Young adults (ages 18-24) were less likely than other age groups to have health insurance coverage in 2003. More than 30 percent of young adults were uninsured, compared with 18 percent of those ages 35-44 and less than one percent of those 65 years and older, who have the lowest uninsured rate because of the widespread availability of Medicare coverage.<sup>e</sup>
- Uninsured trauma victims are less likely to be admitted to the hospital, receive fewer services when admitted, and are more likely to die than privately insured trauma victims.<sup>f</sup>
- Uninsured adults are almost four times as likely as insured adults to lack a personal doctor or health care provider (56 percent vs. 16 percent). Nearly one in five uninsured adults (19 percent) reports being unable to get medical care in the past 12 months compared to one in 20 adults (5 percent) with health coverage.<sup>g</sup>
- Even when they have serious symptoms they think need attention, 32 percent of the uninsured report getting no care, compared with 14 percent of the insured.<sup>h</sup>

For key fact sources, see endnotes.

the company long enough to qualify. Other workers don't have the money to pay their portion of the insurance premium.

Frequent job changes often result in workers losing coverage for some period of time. That's particularly true for workers who are fired or laid off and spend weeks, months or years looking for new work. While some workers are eligible to continue work-based coverage by paying the entire cost themselves, most choose not to or cannot afford to bear the burden. (For more information, see "COBRA Coverage" in Chapter 3, Individual Coverage.)

Retirement, divorce, or a shift to part-time work can also result in a loss of coverage. While private individual health insurance is available to many, that coverage is often more costly and offers fewer benefits than group coverage. (See Chapter 3, Individual Coverage, for more information.) If a person has a pre-existing health condition, getting individual coverage may be too expensive or even impossible.<sup>4</sup>

Tens of millions of children and adults are eligible for public insurance through Medicaid or the State Children's Health Insurance Program (SCHIP), which are financed by the states and Washington, and are available for those with low incomes. (For more information on Medicaid, see Chapter 7. For more information on SCHIP, see Chapter 4, Children's Coverage.) Eligibility for most public insurance programs is tied to the Federal Poverty Level (FPL). (See table, "Federal Poverty Level, 2004.") Virtually anyone 65 or older and many with disabilities can join Medicare, which, with a recently added drug benefit, provides fairly comprehensive coverage. Millions more can get care, though not insurance, at federally funded community health centers.

#### FEDERAL POVERTY LEVEL, 2004\*

Family Size	Poverty Line
1	\$ 9,310
2	\$ 12,490
3	\$ 15,670
4	\$ 18,850

\*Annual household income. Amounts are higher in Alaska and Hawaii.

Yet, the system is far from perfect. Plenty of lower middle class people make too much money for Medicaid and many who are eligible aren't enrolled because of poor outreach efforts. For example, only 35 percent of parents with uninsured children are aware of options for free or low-cost insurance for their children.<sup>5</sup> Other uninsured work at small businesses that don't offer coverage or pay only a small fraction of the cost of the insurance.

## WHO ARE THE UNINSURED?

Where you live and who you are affects the likelihood that you will be uninsured. For example, in 2003, about one in four people in Texas lacked insurance compared with only 9 percent in Minnesota.<sup>6</sup>

In contrast to the U.S. population as a whole, people who lack insurance are younger, poorer, less educated and more likely to be Latino or African American. The uninsured also tend to work in smaller companies and in service industries, such as food and hospitality service. (See charts, "The Uninsured, 2003" and "Risk of Being Uninsured, 2003.")

Where you were born and whether you are a U.S. citizen also affect the likelihood of coverage. In 2003, only 13 percent of native-born Americans lacked insurance, compared with 34.5 percent of those born abroad. Among foreign-born residents, 17.1 percent of those who had become naturalized citizens were uninsured, sharply lower than the 45.3 percent who were not citizens.<sup>7</sup> California and Texas, both states with large numbers of immigrants, suffer from two of the highest incidences of uninsured workers. Frequently, these workers are employed at small firms or in service occupations that don't offer coverage.

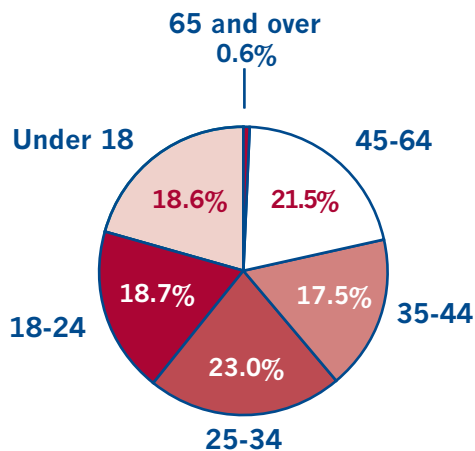
## WHY COVERAGE IS IMPORTANT

Not having health insurance can kill. About 18,000 deaths among those 25-64 in 2002 could have been prevented had they had insurance, according to the prestigious Institute of Medicine.<sup>8</sup> Even when being uninsured does not result in death, it can have profoundly serious repercussions:

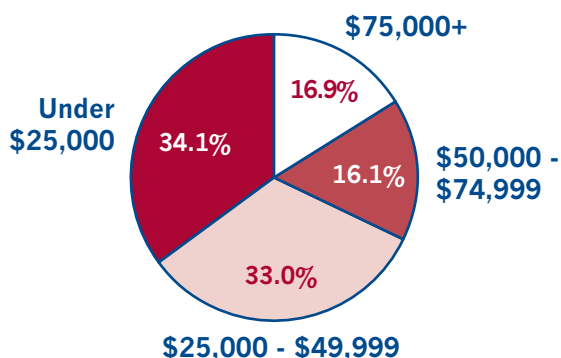
- Uninsured people are almost twice as likely as the insured to delay getting needed medical care (15.7 percent vs. 8.6 percent).<sup>9</sup>

## THE UNINSURED, 2003\*

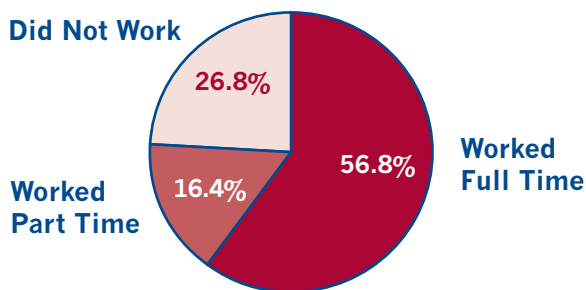
### ... BY AGE



### ... BY HOUSEHOLD INCOME



### ... BY WORK EXPERIENCE (AGES 18-64)



Percentages in each pie chart represent the share of the total uninsured population. Totals may not add to 100% because of rounding.

\* Uninsured for all of 2003

Source: U.S. Census Bureau (2004)  
([www.census.gov/hhes/www/hlthins.html](http://www.census.gov/hhes/www/hlthins.html))

- Even when they have serious symptoms they think need attention, 32 percent of the uninsured report getting no care, compared with 14 percent of the insured.<sup>10</sup>
- Cancer patients who don't have coverage die sooner than those with insurance, largely because of delayed diagnosis.<sup>11</sup>
- Twenty-five percent of adult diabetics who were uninsured for a year or more went two years without a checkup, compared to 5 percent of diabetics with insurance.<sup>12</sup>
- Children without coverage often go without medical care for common childhood illnesses. For example, children with insurance are more than twice as likely to get medical help for recurrent ear aches and nearly twice as likely to get asthma treatment as children lacking coverage.<sup>13</sup>

In addition to health consequences suffered by uninsured individuals, there are community-wide clinical consequences as well. In 1997, New York experienced a large rubella outbreak, which started in an Hispanic immigrant community where many people had no insurance, and did not receive rubella vaccinations. Subsequently, surrounding communities also became infected.<sup>14</sup>

More recently, a study predicted that the less frequent use of health services by the uninsured could mask the detection and containment of a bioterrorist attack. The researchers reasoned that hospitals and other health care providers simply would have less awareness and knowledge of an outbreak because uninsured people are less likely to know about symptoms that need immediate attention and they would delay seeking treatment.<sup>15</sup>

Not having insurance also has financial consequences that affect individuals and communities. Many people lacking coverage are living from paycheck to paycheck or even worse financial circumstances. When they do go to a doctor, they are asked to pay cash. They may need years to pay off medical expenses, if they can pay at all.

Families where all members are uninsured are about twice as likely to report medical bill problems as insured families—23.7 percent for uninsured families

compared with 11.4 percent for insured families.<sup>16</sup> A large number of patients without insurance can also affect the economic well-being of a community and even the availability of health services locally. Thirty Level I and Level II trauma centers, the two most sophisticated types, have closed since 2001. One reason cited: the high number of uninsured trauma patients. Nationwide, about 18 percent of all trauma patients are uninsured. Trauma patients cost almost \$15,000 each to treat, on average. But hospitals collect only about 8 percent of the total cost for trauma patients without health coverage.<sup>17</sup>

## CURRENT POLICY DEBATES AND PROPOSALS

Despite rising numbers of uninsured, Washington has not enacted significant legislation since 1996 to expand coverage, nor do there appear to be plans to do so in the near future. Policymakers focused instead on giving seniors a drug benefit in Medicare. With rising deficits and public attention focused on war, terrorism and the economy, lawmakers have been reluctant to expand coverage.

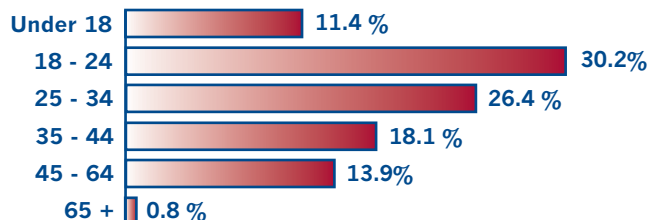
But the uninsured are still on policymakers' "radar screens." A 2003 law, passed as part of the new Medicare drug bill, made it possible for uninsured individuals and families to create health savings accounts for out-of-pocket health expenses. (See Chapter 3, Individual Coverage, for more information.)

President Bush has proposed a refundable tax credit for Americans who don't have insurance. The Treasury Department estimates that the credit would extend insurance to 4.5 million Americans.

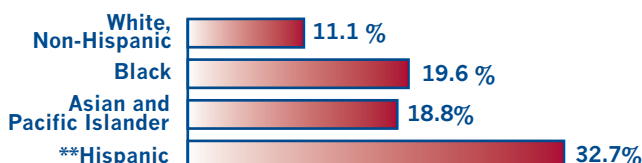
The president also supports legislation to enable small employers to form Association Health Plans (AHPs), which would allow firms to create large pools of workers. Under the plan, AHPs would also escape most state insurance regulations, mandated benefits, and premium taxes. President Bush has said that by combining small firms into larger entities, AHPs would have the same buying power as large employers

## RISK OF BEING UNINSURED, 2003\*

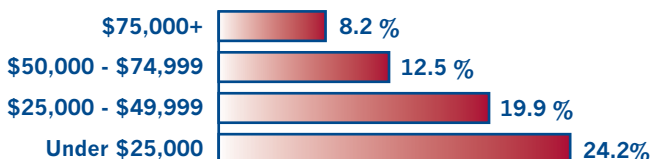
### ... BY AGE



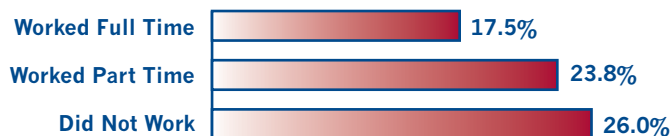
### ... BY RACE/ETHNICITY



### ... BY HOUSEHOLD INCOME



### ... BY WORK EXPERIENCE (AGES 18 - 64)



Percentages = Share of each group who were uninsured.

\* Uninsured for all of 2003 \*\* Hispanics may be of any race

Source: U.S. Census Bureau (2004) ([www.census.gov/hhes/www/hlthins.html](http://www.census.gov/hhes/www/hlthins.html))

and unions.<sup>18</sup> The Congressional Budget Office estimates that by 2008, 7.5 million people would obtain health insurance through AHPs, 600,000 of whom would be newly insured.<sup>19</sup>

Some critics of the Bush tax credit argue that they don't do enough to cover the nearly 44 million people without

insurance. A Commonwealth Fund study found that for all but the youngest and healthiest Americans, premiums cost significantly more than the amount of tax credits proposed.<sup>20</sup>

Democratic presidential candidate Senator John Kerry has proposed a \$653 billion plan over 10 years that would cover 27 million people.<sup>21</sup> Uninsured individuals and workers in small and large companies would be able to join a large pool known as the Congressional Health Plan — in effect giving them access to an arrangement that is similar to the Federal Employees Health Benefits Program through a separate risk pool.<sup>22</sup> Employers would have to contribute at least half of the premium but would receive up to a 50 percent refundable tax credit for all workers under 150 percent of the FPL, phasing out at 300 percent of poverty. This new credit would take the place of existing tax deductions to the employers for their portion of health care premiums. (For more information, see Chapter 7, Medicaid.)

Workers between jobs would receive a 75 percent subsidy — phasing out at 300 percent of the federal poverty level — to continue purchasing insurance from their former employers.<sup>23</sup> There would also be individual tax credits and expansion of SCHIP and other public programs.

Another Kerry proposal would reimburse employers for 75 percent of their catastrophic health care costs above \$50,000, but only if they agree to provide health coverage to all their workers.

Critics of Senator Kerry's proposals say that his plan simply costs too much money, especially in an era of growing budget deficits, and extends the reach of government too far in health care.

Meanwhile, some states are taking action on their own. California, for example, enacted legislation in 2003 that requires employers with more than 20 workers to either "pay or play," meaning that they must provide coverage or pay a fee to the state Employment Development Department.<sup>24</sup> The measure, however, is being challenged in court and in a November 2004 referendum, and there is a strong possibility it will be struck down or repealed.

Maine was to have started its health care program,

called Dirigo, in July 2004. The program, which has been delayed, seeks to ensure access to health care for all of the state's 1.3 million residents. Under the purely voluntary program, people will be able to get health coverage through private insurers at rates subsidized by the state and participating employers.

Employers are also taking action. In May 2004, some of the nation's largest employers, including Sears, General Electric, IBM and McDonalds, announced that they would work together to enable their part-time employees and other uninsured workers to obtain coverage. The companies said that as many as four million of their employees could benefit, although skeptics said the number who would actually enroll would be much smaller. The companies do not plan to help pay for the new coverage.<sup>25</sup>

### UNINSURED MYTHS AND FACTS

**Myth:** People without health coverage don't work.

**Fact:** Eight out of 10 people who are uninsured are in working families.<sup>26</sup>

**Myth:** Most people without health insurance are poor.

**Fact:** The uninsured do have less income on average than those with insurance but almost 30 million of the uninsured in 2003 had household incomes of \$25,000 or more, compared with 15.3 million in households earning less.<sup>27</sup> (The federal poverty guideline for a family of four in 2002 was \$18,100. That has increased to \$18,850 for 2004.)

**Myth:** It doesn't really matter whether a person has health insurance.

**Fact:** About 18,000 Americans die each year of treatable conditions because they don't have health coverage, according to the highly-respected, non-partisan Institute of Medicine.<sup>28</sup>

**Myth:** Virtually everyone who works for a large employer has health coverage.

**Fact:** In 2001, more than one out of four of the nation's uninsured — nearly 10 million people — either worked for a firm with 500 or more employees or were dependents of someone who worked for a large firm.<sup>29</sup>

Since polls suggest that health coverage for the uninsured is a major concern to voters, the issue is likely to stay on the minds of policymakers. Even after the 2004 presidential election it is likely to garner considerable interest as constituents demand help with the rising costs of coverage and feel threatened with the prospect of losing coverage altogether.

## STORY IDEAS

- Hospitals across the country have come under attack for charging full prices to people without insurance while offering substantial discounts to large payors, such as insurance companies. What changes, if any, have hospitals in your area made to provide discounts to those with little or no insurance?
- Despite improving employment conditions, the number of people who are uninsured has grown. Are they still getting needed medical services? How has this affected local community clinics and emergency rooms and their ability to provide services to all residents? Also check with local medical societies.
- What efforts have area businesses made to cover workers or reduce health costs? In several cities, including San Francisco and New York, businesses are working together to pressure hospitals and other providers to hold control costs. What is happening in your area?
- As states continue to experience hard times, what changes have they made or are they contemplating to Medicaid. Most states have attempted to cut costs by reducing eligibility or benefits. What has your state been doing and how has it affected those with or needing Medicaid coverage?
- Companies across the country have increasingly limited retiree medical benefits. What are people between 55-64 doing to get coverage? Contact your local AARP chapter.

## SOURCES AND WEBSITES

### Analysts/Advocates

- G. Lawrence Atkins, *Senior Director Public Policy and Reimbursement*, Schering-Plough, 202/463-7372
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Both President Bush and Senator Kerry support tax credits for individuals as a way to expand coverage, but the president's plan relies more heavily on this particular tool. In addition to individual tax credits, Senator Kerry would offer tax credits to employers of lower-wage workers

The president supports legislation to enable small employers to form Association Health Plans, giving them greater bargaining power in negotiating with insurers and health plans. Association Health Plans would also be exempt from most state insurance laws, taxes, and regulations, making it easier for employers to offer more economical benefits packages, say proponents. Alternatively, Senator Kerry would allow small employers and others to have access to the same type of health programs that are available to federal employees.

President Bush wants to make it easier to establish health savings accounts by making premiums tax deductible for the high deductible health plan that accompanies them. Taking a different tack, Senator Kerry would expand Medicaid and the State Children's Health Insurance Programs, making them more accessible to working families.

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**Websites**

AFL-CIO  
[www.aflcio.org](http://www.aflcio.org)

Alliance for Health Reform  
[www.allhealth.org](http://www.allhealth.org)

America's Health Insurance Plans  
[www.ahip.org](http://www.ahip.org)

California HealthCare Foundation  
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Center for Studying Health System Change  
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Employee Benefit Research Institute  
[www.ebri.org](http://www.ebri.org)

Families USA  
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National Coalition on Health Care  
[www.nchc.org](http://www.nchc.org)

The Robert Wood Johnson Foundation  
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Urban Institute  
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**ENDNOTES**

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- <sup>b</sup> U.S. Census Bureau (2004). "Health Insurance Historic Tables, Table HI-1." Aug. 26. ([www.census.gov/hhes/hlthins/historic/hihist1.html](http://www.census.gov/hhes/hlthins/historic/hihist1.html)) Retrieved August 26, 2004. Unless otherwise noted, the term "white" in this chapter refers to non-Hispanic white. Hispanics can be of any race.
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