Physician Support for Covering the Uninsured: Is the Cup Half Empty or Half Full?

More than 43 million Americans—17.2% of the population younger than age 65 years—lack health insurance (1). Over the past 25 years, in good times as well as bad, the general trend has been one of growth in the numbers of uninsured (2, 3). This trend has continued despite substantial expansions in Medicaid eligibility in the late 1980s, enactment of the State Children's Health Insurance Program in 1997, and incremental reforms in the regulation of private health insurance (2–4).

Why is expansion of coverage so difficult to achieve? Stuart Altman, a former Nixon Administration and Congressional appointee and an expert on health policy, once observed that although people disagree over the best path to reform, the status quo is everyone's *second* choice (5). Despite our proclivity for inertia, health insurance reform is likely to be a potent issue in the upcoming presidential election as the public feels the effects of mounting job losses, the rising cost of health care, and a sharp increase in the number of uninsured. What do doctors think at this critical time?

In this issue, Ackermann and Carroll (6) report the findings of a nationwide survey of physician attitudes about national health insurance. Participants were drawn from the American Medical Association (AMA)'s Physician Masterfile, a database that includes both AMA members and nonmembers. Sixty percent of those contacted participated. A plurality of respondents (49%) expressed support for the concept of national health insurance; 40% opposed it. The "single payer" approach, in which all health care is paid for by the federal government, was endorsed by only 26%. In contrast, 33% "strongly opposed" this idea and 27% "generally opposed" it.

What should we make of these findings? Problems with the survey include limitations in the composition of the Masterfile, a modest response rate, and the potential for nonresponse bias. To avoid linking the survey to a specific health care reform proposal, the authors kept their questions general and focused on health care coverage and financing as opposed to organization and delivery. Nevertheless, some participants may have invested the survey with added substance by visualizing different scenarios.

For example, why did a higher percentage of psychiatrists than anesthesiologists support the idea of national health insurance? Is it because psychiatric care is frequently carved out of private health insurance plans? Did the authors' use of a value-laden term such as *national health insurance* trigger a visceral response from respondents who equate "national" with unfunded government mandates like the Emergency Medical Treatment and Active Labor Act (EMTALA), Clinical Laboratory Improvement Amendments (CLIA), and the Health Insurance Portability and Accountability Act (HIPAA)? If so many doctors still reject the idea of government involvement in solving the problem, what are the implications of "everyone's second choice"—sticking with the status quo?

Answers to this final question can be found in a series of 5 reports issued by the Institute of Medicine (IOM)'s Committee on the Consequences of Uninsurance (7–11). Over the past 3 years, this IOM Committee analyzed the problem of uninsurance in the United States and systematically assessed its impact on individuals, families, communities, and the nation as a whole. The Committee's 6th and final report, which includes recommendations for tackling the problem, will be released in January 2004. Key findings to date include the following.

1. For millions of Americans, insurance coverage is sporadic (7–9). During a recent 2-year span, 80 million people, 1 out of every 3 Americans younger than age 65 years, lacked coverage for at least 1 month (12).

2. Approximately half of uninsured persons are of white, non-Hispanic ethnicity. However, members of minority groups have a higher overall risk for lacking coverage (7).

3. Uninsured adults are less likely to obtain preventive care, primary care, and the chronic disease treatment they need. As a result, they tend to be sicker and to die sooner than people with health insurance (8, 13).

4. Uninsured women receive fewer prenatal care services and have poorer birth outcomes. Uninsured children are less likely to obtain needed health screenings, medical services, or prescription medications than insured children. Failure to detect correctable problems in early childhood can adversely affect language development, school performance, and ultimately success in life (9).

5. When even 1 member of a family lacks health insurance, the entire family is exposed to the health and financial consequences of a catastrophic illness or injury (9, 14). Ironically, the uninsured are often charged more for the same health service because they don't have a large insurer to negotiate discounts (9, 11, 15).

6. In communities with high rates of uninsurance, rising levels of uncompensated care can lead to the loss or reduced availability of key hospital services, loss of "on-call" specialist coverage, relocation of physician practices, and cutbacks in essential public health programs (10, 16, 17, 18). These adverse effects can have consequences for everyone in the community, not just those who are uninsured.

7. On average, uninsured persons suffer an annual health loss valued at between $1600 and $3300 per person. This equates to an annual societal cost of between $65 and $130 billion per year (11).

In her opening remarks at the release of the Committee's 5th report, which is titled "Hidden Costs, Value Lost: Uninsurance in America," co-chair Mary Sue Coleman, president of the University of Michigan, identified 4 implications of the Committee's findings (19):

> First, as a society we would be better off if the uninsured had health coverage. The lack of health insurance poses a remediable health risk to the American population. Insuring everyone would likely yield dividends in terms of improved health of between $65 and $130 billion annually.
>
> Second, universal coverage would give everyone peace of mind. Knowing health insurance is assured would reduce the stress and uncertainty about future medical care needs and financial demands for all of us.
>
> Third, insuring everyone would strengthen health care services for all. If everyone had coverage, the continued viability of community health services and facilities would be more secure because of the greater stability of insurance-based financing.
>
> And finally, insuring everyone would reduce growing disparities in access to and the effectiveness of health care between uninsured and insured Americans.

Ackermann and Carroll's findings suggest that a plurality of doctors support national health insurance in one form or another. Far fewer want the federal government to become the sole payer for health care. Whether this support is sufficient to mount a successful effort to cover the uninsured will depend in large part on whether the status quo remains "everyone's second choice."

Uninsurance jeopardizes the health and well-being of tens of millions of Americans. It imposes economic stress on countless U.S. families. It threatens the financial viability of vital health care institutions and providers, particularly those located in communities with large uninsured populations. In light of the growing threat of bioterrorism and emerging infectious diseases, our country's fragile health care system is not only a public health concern; it is a matter of national security.

Physicians may disagree over how best to cover the uninsured. However, we should all agree on one point: The status quo should be everyone's *last* choice.

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Note: More information about the reports of the IOM Committee on the Consequences of Uninsurance can be found at www.iom.edu/uninsured.

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