

Healthcare Reform vs. The People

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Some of the most successful businesses in the United States are hospitals. It is no mystery why private and public hospitals are making so much money. There are millions of people in the United States alone who, each year, require medical attention. Since the institution that provides the medical care must be run as a business, money becomes an important factor. Regardless of healthcare insurance or government funding, the hospital must be compensated. Unfortunately, it's typical for the patient to receive the short end of the stick when it comes to the financial burden of healthcare. In many cases, the patient's quality of care becomes a dependent variable. There are healthcare professionals throughout the country who are aware of the issue and are working toward healthcare reform.

For many people, the issue is a major reason for entering the medical field or applying for medical school to become a doctor. As a doctor, you are under oath to aid any patient who is in need of care. However, there are other aspects to the job description that some do not realize. Doctors must comply with health regulations when practicing medicine in a hospital as well as practice within the hospital's legal/financial boundaries. Especially for private hospitals, these legal/financial boundaries force doctors to turn away patients (which is a right the hospital reserves due to private ownership). Are we able to reform healthcare so no one receives the short stick, and if so what factors must be taken into consideration? As a nation we have witnessed healthcare become one of the leading topics in politics. Not only has there been an issue with the uninsured receiving insurance coverage, but also the insurance coverage not covering enough. The demands for sufficient care and sensible insurance for all seem simple, but the ability to supply has proven to be complex. For several the issue may appear to be insignificant, but this crisis affects millions of people's lives every day.

The Numbers

On average, over 125 million Americans receive care from a hospital per year (National Center for Health Statistics 2017). For the United States population as a whole, "7.9% of children and adolescents under age 18, 23.3% of adults aged 18–44, 13.7% of those aged 45–64, and 5.5% of adults aged 65 and over had no healthcare visits in the past 12 months" during 2015 (National Center for Health Statistics 2017). When focusing on the other side of the percentages,

healthcare professionals not only monitor age but ethnicity. In the United States, our population has continued to diversify over the past four decades. Our minority populations increased by 19% between 1980 and 2015 (National Center for Health Statistics 2017). The diversity is predicted to carry on due to our zero to teen-age bracket experiencing the most dramatic shift in ethnicity percentage over the thirty-five year period. The statistics for ethnic diversity in our population are important to analyze because the "growing diversity has implications for the health care workforce given the importance of providing culturally competent care to all race and ethnic groups."

Another variable within the topic of healthcare, are the income classes of the patients. There are many families and individuals who are employed, yet still fall under the United States poverty line. From 1975 to 2015 the percentage of Americans aged 18–64 living under the poverty line increased 5.3%. During the same span of time, Americans under the age of 18 that are below the poverty line only increased 2.6%, but remain the highest total with 19.7% of children living under the poverty line (National Center for Health Statistics 2017). These are scary statistics!

There are around 73.6 million children under the age of 17 living in the United States (U.S. Census Bureau 2016). Out of those, 14.5 million are living under the poverty line, and 5.8 million did not require or visit a hospital in the past year. If the best-case scenario were that the 5.8 million children who did not visit a hospital were entirely apart of the 14.5 million children living under the poverty line, then there would still be 8.7 million children living under the poverty line in potential need of medical attention. Besides the elderly, children and teenagers require routine healthcare. Within the first two decades of a child's life, they need "age- appropriate vaccinations; health and developmental guidance; screening for health conditions; [management] and [treatment] [of] acute and chronic conditions; and injury care." However, this medical attention is not free, so the children must rely on their health insurance.

Who's Insured?

By September 2016, 5% of children under 17 were uninsured. Right now there are 3.68 million children in America without health insurance of any kind. The number of insured children in America has been on the decline. Out of the 69.92 million children with a form of health insurance, only 53.5% are covered by private insurance. Medicaid covers an additional

39.2% of insured children (National Center for Health Statistics 2017).

Between the ages of 18 and 64, 12.3% do not have any form of health insurance. In the United States there are 194.3 million people within the 18–64r age bracket, 23.9 million of which are uninsured. The percentage of uninsured adults has fluctuated between 1978 and 2016 from as low as 11.9% to as high as 22.3% in 2010. However, the statistic that stands out the most is the decline in private workplace coverage. The percentage of adults covered by their private workplace decreased “from 71% to 60.9%” by 2016 (National Center for Health Statistics 2017). The decline in private workplace coverage is a pressing issue as private workplace coverage makes up the largest portion of general private coverage.

How Does Insurance Help?

It is obvious to say that insuring the uninsured will help, but what are not so obvious are the proven effects of insurance. An article found in the *New England Journal of Medicine* states “there is abundant evidence that having health insurance improves financial security” (Sommers *et al.*, 2017). In addition, the Oregon Health Insurance Experiment ran a random “controlled trial of health insurance coverage” that found “people selected by lottery from a Medicaid waiting list experienced major gains in financial well-being as compared with those who were not selected” (Sommers *et al.*, 2017). Results of the health insurance coverage included: “a \$390 average decrease in the amount of medical bills sent to collection and a virtual elimination of catastrophic out-of-pocket expenses” (Sommers *et al.*, 2017). Positive outcomes such as financial well being due to health insurance coverage are more important than some may realize. Unfortunately, numerous Americans do not visit the hospital due to the cost of care without insurance. Actually, “adults aged 18–64 who reported delaying or not receiving needed medical care due to cost was 9.8% in 2015” (National Center for Health Statistics 2017).

Not only must healthcare reform lift the financial burden off of the patient in-need, but also benefit his or her health. In order for the patient to receive health benefits from his or her coverage, their insurance coverage must cover more. The *Health Insurance Coverage* article in the *New England Journal of Medicine* points out that “Several observational studies have found that the ACA’s coverage expansion was associated with higher rates of having a usual source of care and being able to afford needed care,” all of which are linked to positive health results (Sommers *et al.*, 2017). The article continues to mention “stronger experimental and quasi-experimental evidence shows that coverage

expansions similarly lead to greater access to primary care, more ambulatory care visits, increased use of prescription medications, and better medication adherence” (Sommers *et al.*, 2017). Along with increased access to preventive services, coverage expansion is linked with improving the health of the carrier.

Fixing Hospitals

Besides insuring the uninsured and expanding insurance coverage to financially and physically aid Americans, both public and private hospitals may need to be altered. Recorded by the American Hospital Association Annual Survey, there are 2,904 public hospitals and 1,060 private hospitals in the United States (“The Pros and Cons of Public vs. Private Hospitals”). The AHAAS recorded public hospitals admitting 33.6 million people annually and private hospitals admitting 1.8 million annually (“The Pros and Cons of Public vs. Private Hospitals”). Keeping in mind the admissions statistics for both public and private hospitals, there are pros and cons to each hospital’s service. Public hospitals are normally more affordable than private hospitals because they receive funding from the government. As presented by the ratio between amount of hospitals and patients admitted, public hospitals more often than not hold more patients than private hospitals. When it comes to pros, private hospitals have the majority to offer. Due to the smaller hospital/patient ratio, private hospitals normally have the top doctor-to-patient ratios with patients receiving more personalized care. Private hospitals usually are able to stay on the forefront of the industry with cutting edge technology better than public hospitals. It quickly becomes apparent private hospitals on average provide better healthcare (“The Pros and Cons of Public vs. Private Hospitals”). However, private hospitals typically accept only certain insurance policies. Additionally, if the person does not have sufficient funds to cover the medical expenses the hospital will not provide treatment. Both quality health insurance coverage for all and profit margins for hospitals will have to find an equilibrium if healthcare reform is to be successful. Through political bipartisanship and responsible economic decisions the equilibrium required for positive healthcare reform can be found.

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