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## CONCLUSION

In August 2006, the Census Bureau released its latest statistics on the uninsured in the United States. In 2005, 46.1 million non-elderly Americans were uninsured – 1.3 million more than in 2004. The uninsured rate also rose significantly, reaching 18% overall; among poor families, the rate was 37% and it was 22% among poor children. The number of children lacking coverage reached 9 million, and children accounted for close to a quarter of the growth in the uninsured between 2004 and 2005. Over the period 2000-2004, significant declines in employer-sponsored coverage that hit low-income workers and their families the hardest were a driving factor in the rise in the number of uninsured Americans.

Low-income Americans consistently dominate the uninsured numbers, and their uninsured rates are the highest. The Commission's analysis of a large body of research reveals that while a variety of approaches have the potential to increase health coverage and access for uninsured Americans, expanding publicly sponsored health insurance offers the most targeted and efficient strategy to achieve this result in the low-income population. Through an expansion of public insurance programs, coverage can be extended to previously uninsured individuals with the lowest income and the poorest health.

While the nation's policymakers will determine the precise shape of any program, the relevant research literature suggests that the following are key elements in the structure of an effective program to meet the coverage and care needs of the low-income uninsured population:

- **Eligibility.** Basing eligibility for publicly sponsored health coverage on low income, without categorical restrictions, could substantially reduce the number of uninsured Americans and assure coverage for those least able to pay.
- **Participation.** Simple enrollment and recertification processes that minimize burdens on applicants are likely to promote participation. Well-designed outreach is also important.
- **Use of Premiums.** Premiums can be expected to depress participation among people living in or near poverty. In the low-income population, the use of premiums to generate revenues for financing needs to be balanced carefully against the goal of increasing health coverage.
- **Scope of Benefits.** The relatively poor health status and multiple health problems of low-income Americans, combined with their limited ability to afford care out-of-pocket, mean that comprehensive benefits are important to provide protection adequate to meet the diverse health needs of this population.
- **Use of Cost-Sharing.** Even at low levels, cost-sharing can adversely affect access to care for low-income people. Given current gaps in access for this population and efforts to promote better management of chronic disease, the use of cost-sharing should be weighed judiciously and, if adopted, relate to income.
- **Access to Care.** Having health insurance is necessary but not sufficient to assure access to care. Continuous coverage, adequate provider networks, coordination of care, and elimination of a variety of both financial and non-financial barriers to access are needed to realize the full potential of coverage.

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- **Financing.** Financing that is determined by enrollment and utilization directs public dollars most efficiently to meet health coverage and care needs. Federal matching of state spending permits the costs of coverage to be shared, and can promote national priorities while preserving state policy discretion. A federal-state financing partnership that accounts for countercyclical pressures at the state level, the national trends causing costs to rise, and the federal government's greater fiscal capacity could provide a strong and sustainable source of support for a program of health coverage for low-income Americans.

While public policy to deal with the thinning fabric of health insurance coverage in the U.S. is forged under political, economic, philosophical, and other pressures, the strong empirical foundation for policy in this area gives decision-makers a firm analytic foothold. By assembling the evidence and distilling its practical implications, we hope this report will help to guide effective action on this major national concern.