



THE KAISER COMMISSION ON **Medicaid and the Uninsured**

September 2003

ACCESS TO CARE FOR THE UNINSURED: AN UPDATE

Over 43 million Americans had no health insurance coverage in 2002 according to the latest estimate from the U.S. Census Bureau - an increase of over 2.5 million people over the previous year and the largest annual increase over more than a decade of monitoring this key indicator of Americans' health and health care. The uninsured come primarily from working families with low and moderate incomes – families for whom coverage is not available in the workplace or not affordable for them. Medicaid and the State Children's Health Insurance Program (SCHIP) help fill the gaps for many, but the states' fiscal crises limit their ability to meet the needs of all low-income Americans.

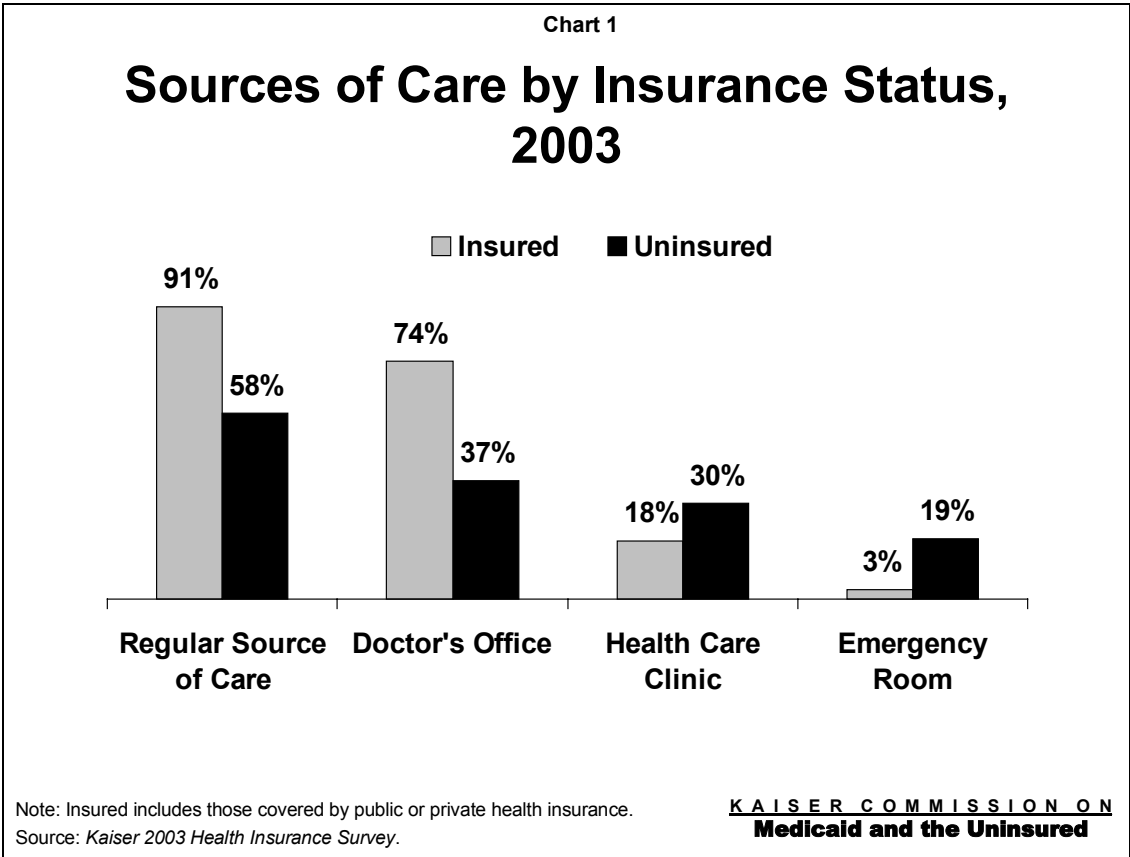
Health insurance makes a substantial difference in the amount and kind of care people are able to afford, where they get health care, and whether they have a medical home. The Kaiser Commission on Medicaid and the Uninsured (KCMU) closely monitors the relationship between insurance coverage and access to care, as well as the impact that not having health insurance has on people's lives.

To update what is known about barriers to access to health care, preliminary data from the *Kaiser 2003 Health Insurance Survey*, a nationally representative survey of nonelderly adults conducted in July and August 2003, are presented here in Charts 1 – 5 for the first time.

Lack of insurance compromises the health of the uninsured because they receive less preventative care, are diagnosed at more advanced disease stages, and once diagnosed, tend to receive less therapeutic care and have higher mortality rates than the insured. Charts 6-11 summarize this important relationship with examples of sentinel research linking health coverage to health outcomes. These data are excerpted from the Commission's 2003 Executive Summary of *Sicker and Poorer: The Consequences of Being Uninsured*, authored by Dr. Jack Hadley.

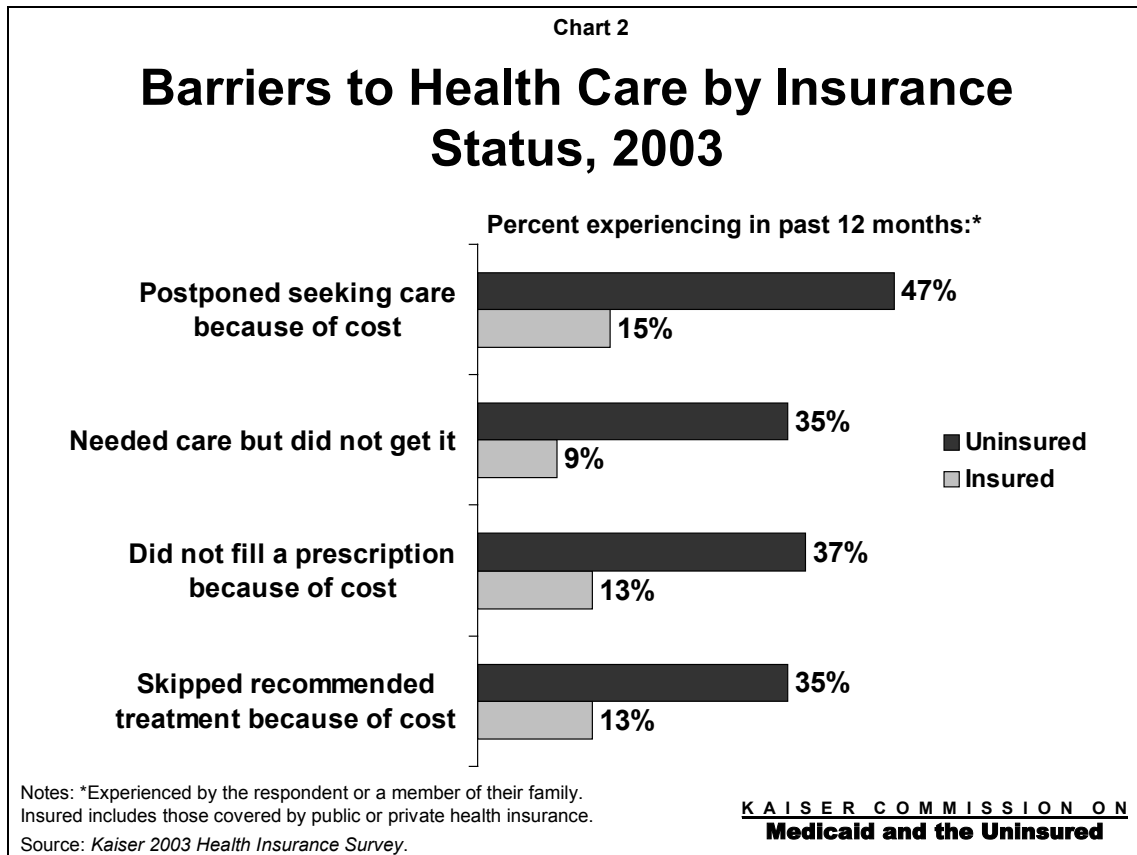
BARRIERS TO RECEIVING HEALTH CARE
NEW FINDINGS FROM THE KAISER 2003 HEALTH INSURANCE SURVEY

Insurance coverage makes a difference where health care is obtained. The uninsured are significantly less likely to have a regular source of care than the insured – and when they do seek care they are less likely to use a doctor’s office and more likely to use health clinics and emergency rooms than the insured.



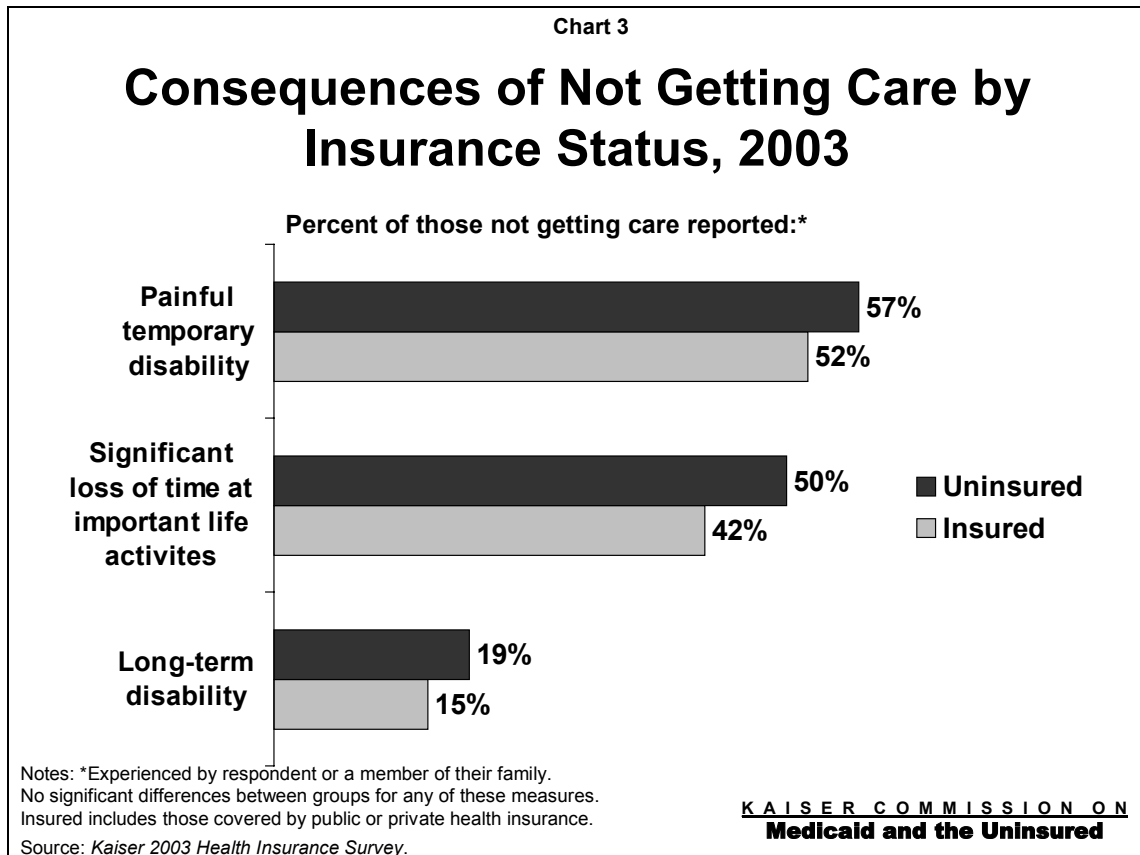
The uninsured are more likely to postpone or forgo needed care.

Almost half of the uninsured postponed seeking care in the past 12 months because of cost and over a third did not receive needed care or skipped a prescribed drug or treatment – gaps that are three to four times higher than for those with health insurance.



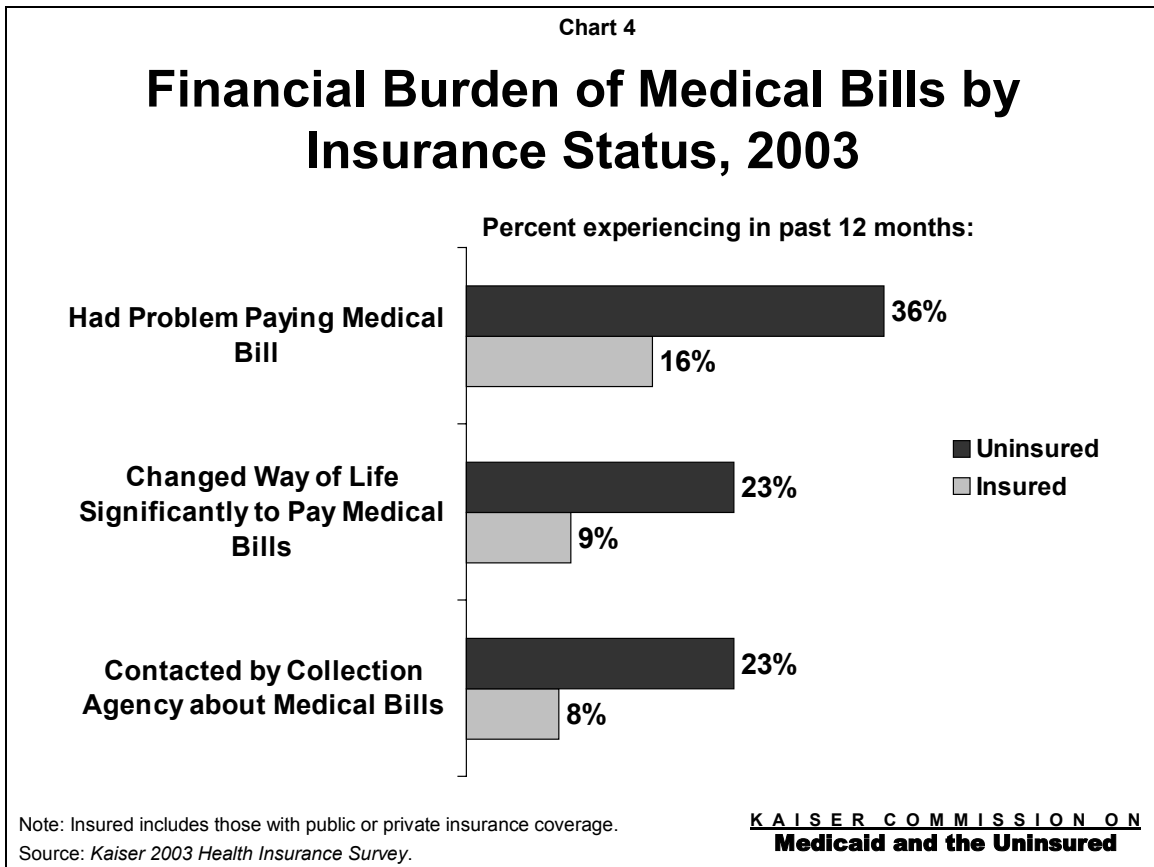
There are often serious consequences for both uninsured and insured adults who forgo needed care.

Half report that they are temporarily disabled by their health problem, and 15-20 percent actually suffer long-term disability.



Medical bills are a greater burden for the uninsured.

Over a third of the uninsured had problems paying medical bills in the past year. The unpaid bills were substantial enough that many of the uninsured had been turned over to collection agencies – and nearly a quarter of uninsured adults said they had changed their way of life significantly to pay medical bills.

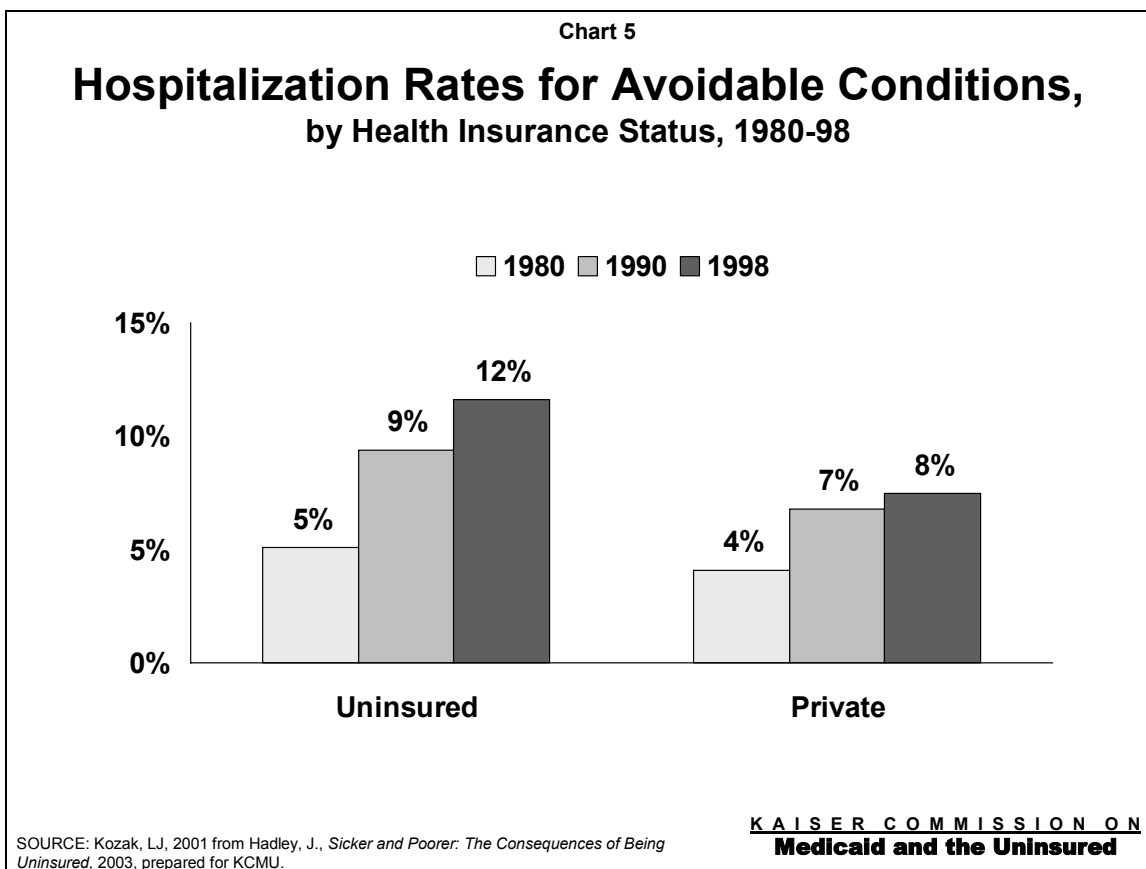


THE IMPACT OF INSURANCE ON PERSONAL HEALTH

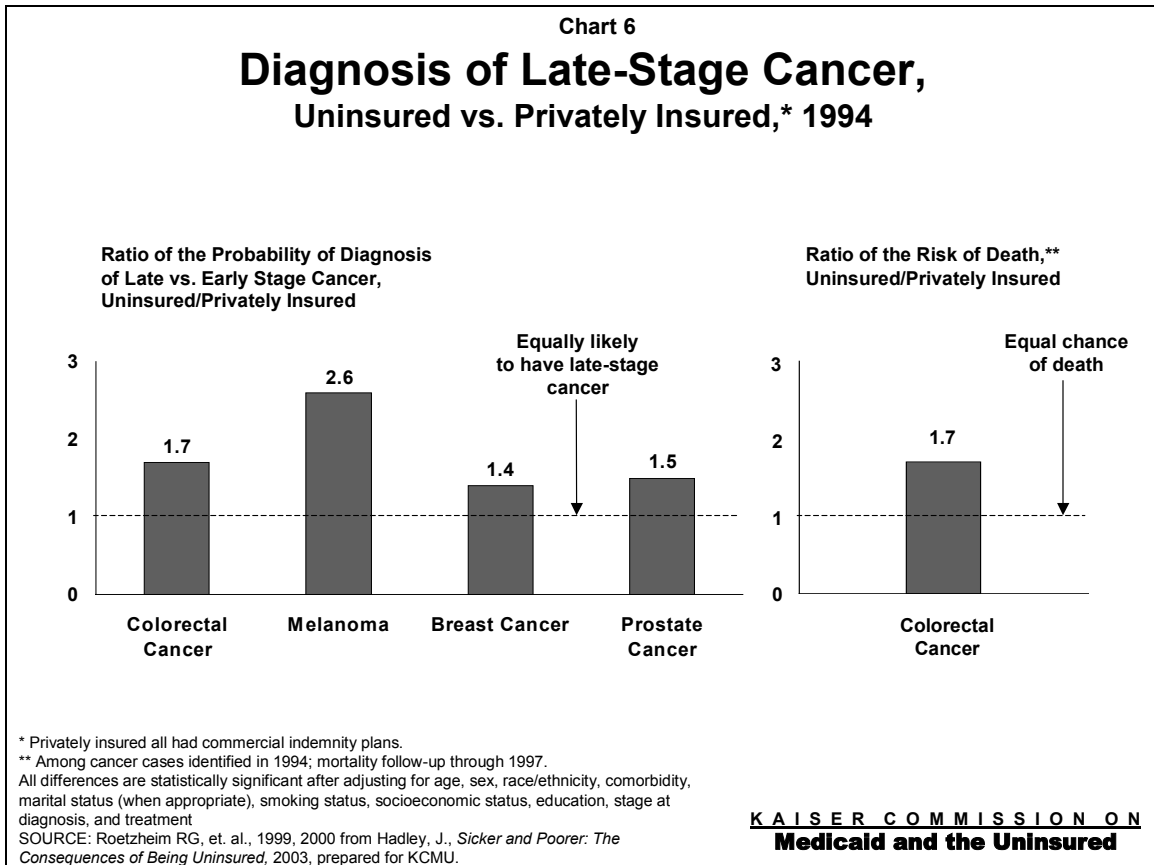
*SUMMARIZED FROM "SICKER AND POORER:
THE CONSEQUENCES OF BEING UNINSURED"*

Increasingly, the uninsured are more likely to be hospitalized for an “avoidable condition” – problems that could have been prevented had a person received appropriate and timely outpatient care.

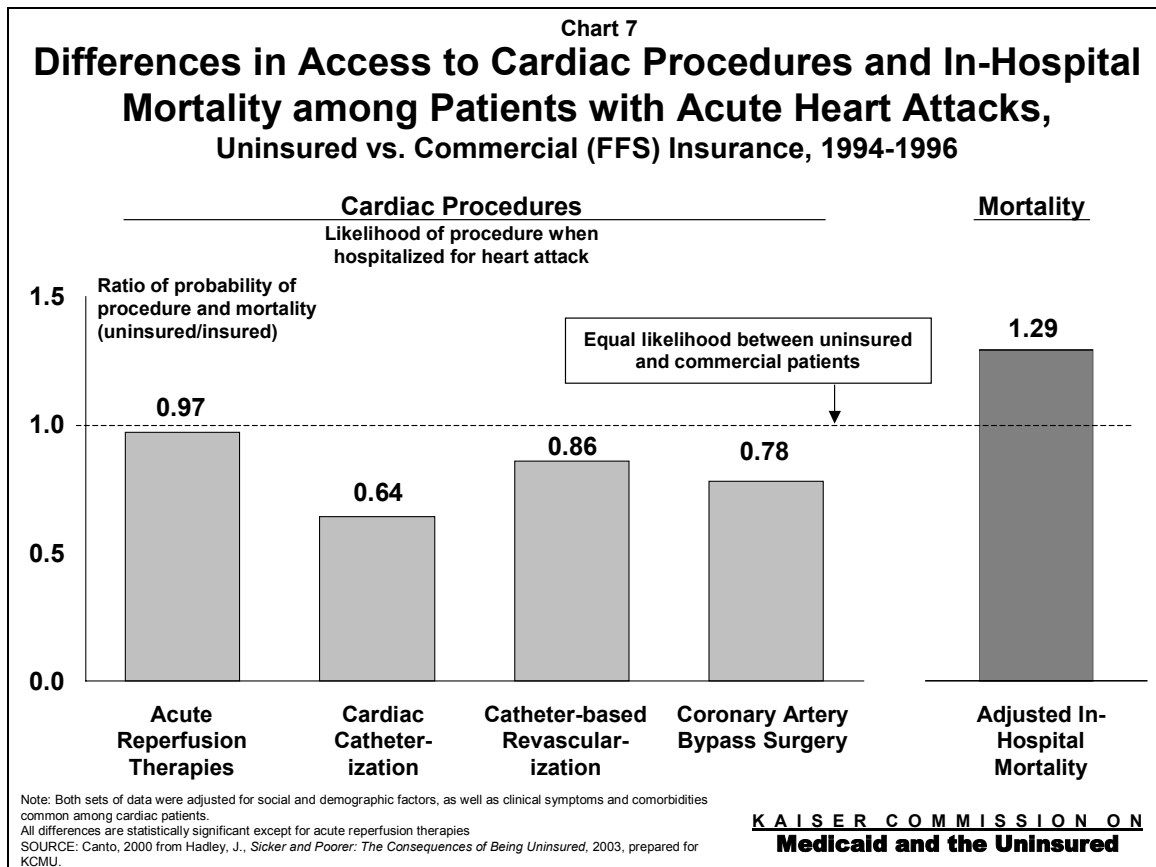
In 1998, 12 percent of the uninsured compared to 8 percent of the privately insured were hospitalized due to a preventable health problem.



The uninsured are more likely to be diagnosed in the late stages of cancer.
 The uninsured are up to two and a half times more likely to be diagnosed in the late stages of cancer than those with health insurance. The uninsured are also more likely to die from cancer, as in this example of colorectal cancer where the uninsured are 70 percent more likely to die from it than the privately insured.

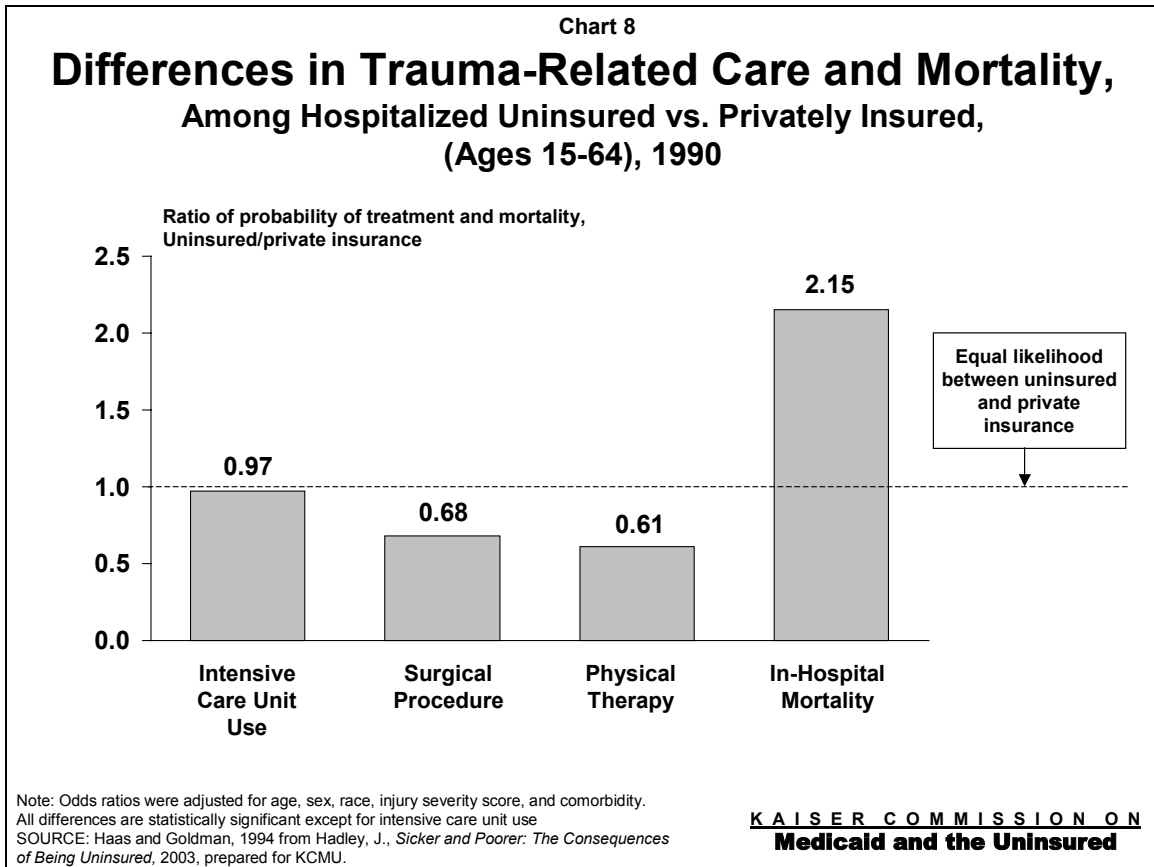


Uninsured adults who have been hospitalized for heart attacks are over 25 percent more likely to die while in the hospital than privately insured adults. While the uninsured are just as likely to receive therapy to improve blood flow to their hearts in the acute stages of their heart attacks, they are less likely to undergo further costly diagnostic and therapeutic interventions.



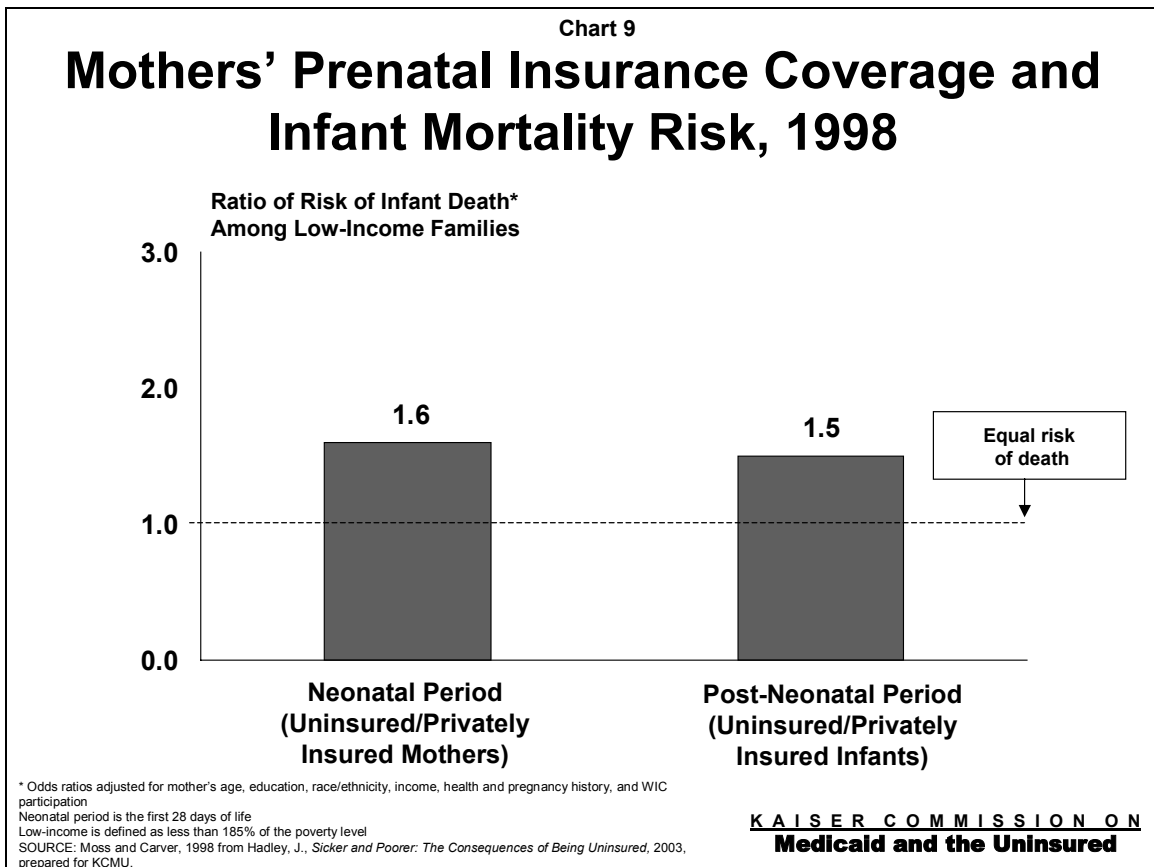
Among those hospitalized for a traumatic injury, those without insurance are more than twice as likely to die while in the hospital – even after controlling for differences in the severity of the injury.

The uninsured are just as likely to be cared for in intensive care units, but are less likely to undergo a surgical procedure or receive physical therapy for their injuries.



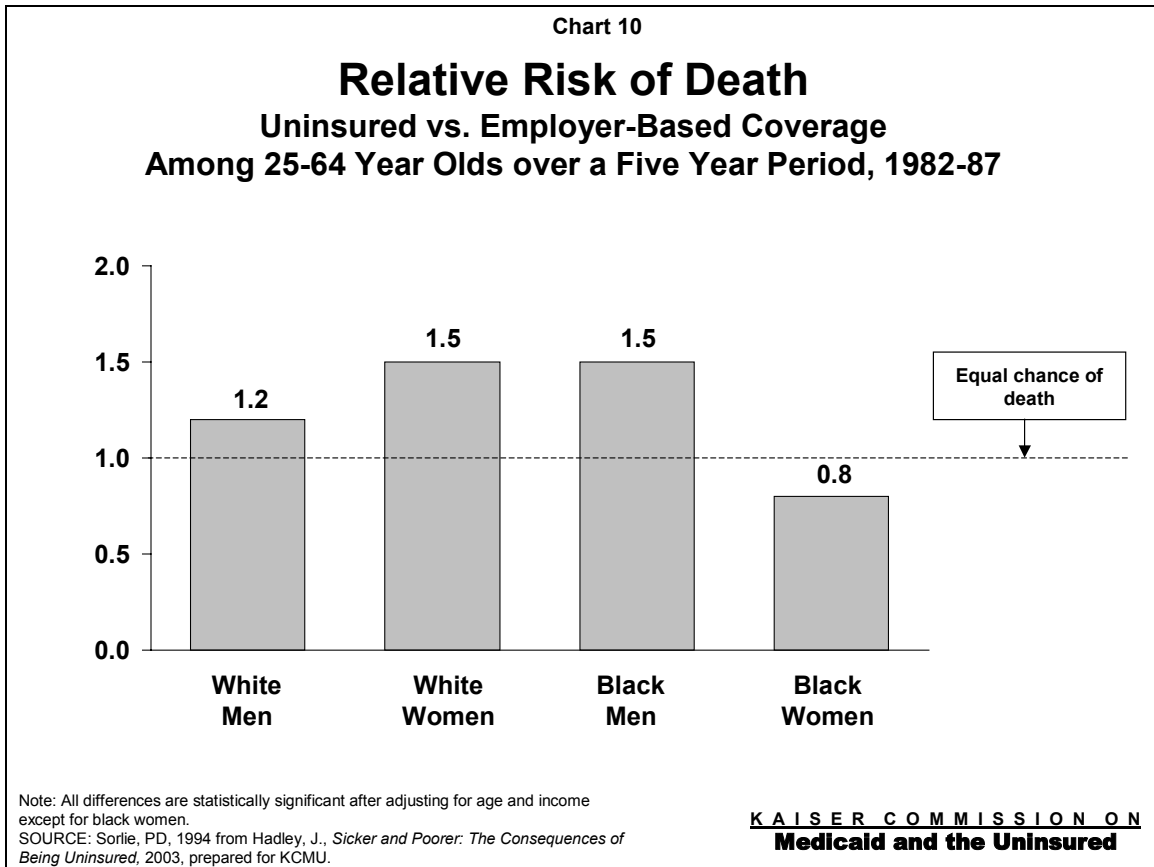
Babies of uninsured mothers are at higher risk of infant mortality.

Even after controlling for important explanatory factors like age, income, and health and pregnancy history, babies born to low-income uninsured mothers are 60 percent more likely to die in the first month after birth. Uninsured infants between 1 month and 1 year old have an equally high risk for death relative to privately insured infants also.



Being uninsured carries a higher risk of premature death for many.

With the exception of black women, this research found that uninsured nonelderly adults are 20 percent to 50 percent more likely to die over a five-year period of study than those with job-based health coverage.



SUMMARY

Health insurance makes a difference in how people access the health care system, and delaying or not receiving treatment can lead to more serious illness and avoidable health problems, which ultimately makes a difference in people's health. Leaving a substantial share of our population without health insurance affects not only those who are uninsured, but also the health and well-being of our nation.

SOURCES

The *Kaiser 2003 Health Insurance Survey* reports findings from a nationally representative random sample of 2,507 respondents ages 18 to 64 years, including 2,042 insured respondents and 457 uninsured respondents. Researchers at the Henry J. Kaiser Foundation designed and analyzed the survey. Fieldwork was conducted by telephone between April 30 and July 20, 2003 by Princeton Survey Research Associates. The margin of sampling error is ± 2 percentage points for the total sample; for insured respondents it is ± 2 percentage points; and for uninsured respondents it is ± 5 percentage points. For results based on smaller subsets of respondents, the margin of error is higher. Note that sampling error is only one of many potential sources of error in this or any other public opinion poll.

Sicker or Poorer: The Consequences of Being Uninsured, authored by Jack Hadley, Ph.D., of the Urban Institute, synthesizes the major findings of the past 25 years of health services research, assessing the most important effects of health insurance. The report evaluates thousands of citations and 230 research articles to examine the consequences of being uninsured. The executive summary, the full report and briefing charts are available at <http://www.kff.org/content/2002/20020510/>.