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### **Ethical Issues: The Uninsured**

There is ongoing debate as to the importance of the “problem of the uninsured” in this country and in Missouri. This institution, as an academic state hospital, seems to get more than its share of uninsured patients who come from all regions of the state, many in desperation and from long distances because doors to health care closed to them at home. Yet, they still need health care and our mission is to provide that care to anyone who needs it, regardless of the economic burden. The perception of “self pay” patients is that they are not working, are of an ethnic minority, and middle aged. In Missouri this perception is only partially correct. Currently about 543,000 Missourians do not have health insurance, which is about 11% of our population.<sup>1</sup> Most uninsured Missourians (83%) are in a family with at least one person who works either full time or part time. Most (about 30%) are under the age of 30. The uninsured in Missouri are disproportionately people of color (10% of whites, 16% of blacks, 21% of Hispanics), although whites are the largest group of uninsured nationwide. Though the rate of uninsured in Missouri is relatively low compared to other states, this rate has been increasing, having been 8.6% in 1999.

Nationwide the problem is even more compelling with 44 million people uninsured, about 15% of the population. Nearly 82 million U.S. residents under the age of 65 were uninsured at some point in 2002 and 2003, an increase from 75 million in 2001-2002. About half of those lacked coverage for at least nine months, and two-thirds lacked coverage for at least six months. About half of all U.S. residents ages 18 to 24, most of whom had recently left school and begun work, were uninsured during part of the two-year period, and 27 million of those uninsured at some point during that time were children younger than 18, accounting for more than one-third of all U.S. children. The study also found that African Americans and Hispanics were most likely to be uninsured, with nearly 60% of Hispanics and 43% of African Americans lacking coverage at some point during the study period. Among whites, the uninsured rate was about 24%. In addition, the study found that among families with incomes of at least \$75,000, 13.5 million were uninsured during part of 2002-2003. In fourteen states, more than one-third of the non-elderly population was uninsured during at least part of the study period. Texas had the highest rate of uninsured in the United States, with 43.4% of residents under 65 without coverage at some point during the study period. Other states with high rates of uninsured non-elderly residents at some point in the study period included New Mexico with 42%, California with 37%, Nevada with 37%, Louisiana with 36%, Arizona with 36%, Mississippi with 35% and Oklahoma with 35%. Missouri reported 27% of its

population (1,354,000 people) that were without health insurance at some time in 2002 and 2003.

The effect of not having insurance on receiving care is critical to the welfare of patients and society. When not insured patients tend to skip recommended tests or treatment (39%), don't fill prescriptions (30%), and postpone care for serious conditions (28%).<sup>ii</sup> The result is preventable morbidity, mortality, and expense for medical conditions that become catastrophic when unattended. Ron Pollack, executive director of Families USA, speculates that the growth in the number of uninsured U.S. residents is attributable to rising health care costs, an increase in the number of employers who are passing health costs on to workers, and reductions in state safety-net programs.<sup>iii</sup> Whatever the cause, Pollock states that the lack of health insurance is an issue not only for low-income or elderly people but is also "a concern of self-interest to middle-class and working families...It is truly an enormous epidemic."

There is indeed a valid concern about the "problem of the uninsured" but Missouri is attempting to do something about it. Last year the Missouri Department of Health and Senior Services (MDHSS) was notified of their selection to receive a state planning grant from the U.S. Department of Health and Human Services and Health Resources (DHHS) and Services Administration (HRSA). These funds are providing a venue to explore and develop means of providing access to affordable health insurance coverage to all citizens of Missouri.<sup>iv</sup> Members of the MU Centers for Health Policy and Health Ethics, and other policy experts from around the state, are working in earnest within this context to define the question and find answers. The fervent hope is that those answers will come soon for the many thousands in jeopardy who need our services.

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<sup>i</sup> Families USA. Current Population Surveys 2001-2002

<sup>ii</sup> Hagglund K. Health Insurance in Missouri. Presentation 1/9/2004

<sup>iii</sup> Sherman M. 82M in U.S. Uninsured for Part of '02-'03. *Las Vegas Sun*. 6/15/2004.

<sup>iv</sup> <http://www.insuremissouri.org/>