

One in five Americans had “unmet medical needs” in 2010

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Tens of millions of American adults under age 65 saw their health care access worsen dramatically over the past decade. One in five—both those with insurance and those without—had an “unmet medical need” due to costs and other factors, according to a new study published in the journal *Health Affairs*.

The study by researchers for the Urban Institute finds that more Americans with private insurance are delaying treatment due to rising out-of-pocket costs. Government programs for the poor and uninsured are also not keeping pace with the demand for care.

The study also indicates that the health care legislation signed into law in 2010 cannot be counted upon to solve these health care access problems. The Obama administration-backed Patient Protection and Affordable Care Act, which is currently under review by the US Supreme Court, is unlikely to alter the trend of private insurers raising premiums and increasing deductibles and co-payments.

From 2000 to 2010, the percentage of adults covered by private insurance who reported an “unmet medical need” doubled, rising from 5 percent to 10 percent. According to the study, those who delayed seeking care due to cost alone rose from 4 percent up to 7 percent.

Genevieve Kenney of the Urban Institute, lead author of the study, suggests that private insurance companies shifting more costs to patients is at the root of this change. According to an earlier study by the Kaiser Family Foundation, employers shifted more health care costs onto workers in 2010 in the form of higher premiums, deductibles, co-pays and other cost sharing. (See “US companies shift bigger share of health care costs onto workers”)

In 2010, the last year studied by the Urban Institute, workers covered by employer-sponsored health insurance paid an average of 30 percent of the premium

for family coverage, and 19 percent for an individual. There are no meaningful measures in place in the health care overhaul to prevent private insurance companies from hiking premiums or requiring the insured to shoulder more of the costs.

While a shortage of doctors in some parts of the US may account for the reduced access to care, this factor is not as important as cost. According to an analysis by the consulting firm Milliman, health care costs for a family of four have more than doubled since 2002. As Americans are struggling to pay more and more for coverage, increasing numbers of people have less access to care.

A report last month by the IMS Institute for Healthcare Informatics showed that visits to the doctor by Americans in 2011 actually declined by 4.7 percent compared to 2010, the last year covered by the Urban Institute study. This earlier report linked the drop in care to loss of health insurance resulting from long-term unemployment in the recession. (See “Americans cut back on doctor visits, prescriptions”)

Poor adults and those without insurance coverage are facing greater difficulties dealing with health care costs as well as finding doctors who will treat them. The Urban Institute researchers found that about one third of the 41 million adults without insurance delayed getting care due to the cost. Nearly half of those insured in 2010 saw medical needs unmet for cost reasons, compared to about a third a decade earlier.

The uninsured are also far less likely than those with coverage to have a “usual source of care,” such as a family doctor or community health center, according to the study. The percentage of those without health coverage who lacked a regular health care provider fell to 38 percent in 2010, down from 44 percent in 2000.

Among adults covered by Medicaid, the state-federal

insurance program for the poor, and other government programs, 26 percent reported an unmet medical need in 2010, up from 20 percent in 2011. Nearly a quarter of adults in these public programs had unmet dental needs, compared to 15 percent in 2000.

While the new health care legislation does temporarily increase payments to primary care physicians who see patients covered by Medicaid, it will not require doctors to take on these patients, and many are already dropping them from their practices. As adult dental coverage is optional under Medicaid, increasing numbers of states do not provide it.

The Urban Institute study follows a report released by the Congressional Budget Office (CBO) in March that estimated as many as 20 million Americans could lose their employer-sponsored coverage altogether under the new health care bill. Under the CBO's scenario, 3 million to 5 million people could lose their employer health coverage each year from 2019 through 2022, as businesses opt out to trim costs.



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