

OPINION

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Underinsurance: Health Care Costs Not Covered

Insurance plans that can ruin you

BY LEONARD RODBERG

Underinsurance - the failure of insurance plans to protect us from the cost of needed medical care - is a growing problem for millions of middle- and lower-income Americans.

As the national debate over reforming our costly and inefficient health care system heats up, recent studies show that deficiencies in our private insurance system afflict many more than the millions who are uninsured.

Yes, it's true that the majority of Americans report they are satisfied with their insurance plans, and so politicians promise "you can keep what you

have." But what is it that we have?

For growing numbers of Americans, our health insurance is completely inadequate. Unfortunately, we don't learn this until we actually get sick.

Only when a serious illness or injury hits us do we find our plans really tested. Only then do we discover that co-payments, deductibles, exclusions, and denials

leave us struggling to pay for our needed medical care.

In a study of health insurance claims just published in the respected policy journal Health Affairs, researchers report that between 2003 and 2007 average out-of-pocket expenses paid by adults with employer-sponsored insurance grew by more than a third, to \$729 per person each year. One in 10 adults faced out-of-pocket costs that aver-

aged \$3,364. This spending that insurance didn't cover includes deductibles (which the patient must pay before insurance starts paying anything) and co-payments (the patient's share of the remaining bill).

The study's authors attributed the increase in costs to the overall rise in health care costs, along with a decline in the coverage provided by employer-sponsored insurance. In fact, the researchers concluded that "in the United States, if you are sick and earn a modest income, you are probably underinsured - even if you have employer-based coverage."

In another study just published in the American Journal of Medicine, researchers from Harvard found that in 2007 illness and medical bills contributed to nearly two-thirds of all personal bankruptcies. This is a 50 percent increase from the number of similar bankruptcies found in 2001.

The majority of medically bankrupt families were middle

class and owned their homes. Most surprising, more than three-quarters of them were insured at the start of their illness.

These insured individuals and families were unable to pay out-of-pocket expenses that averaged \$17,749. Severe illness caused many to lose their jobs, which in turn caused them to

way we pay for health care is not protecting us from heavy financial burdens, nor is it assuring us access to needed medical care. In spite of this, the health reform plans currently being considered in Congress would require that we purchase the very health insurance that is failing us. They do nothing

to reduce the incidence of underinsurance; in fact, they spread it. They leave health insurance just the way it is now and would require even more people to buy it.

Advocates of a single-payer national health program point out that there is an alternative. With a public insurance program like Medicare, we could

have comprehensive coverage of the care we need. We would also save hundreds of billions of dollars in wasteful administrative spending and contain costs going into the future. Such a plan, as embodied in Rep. John Conyers' U.S. National Health Care Act (H.R. 676), would create a secure financing mechanism, eliminate the burden of out-of-pocket spending, and protect those of us who become ill from financial ruin.

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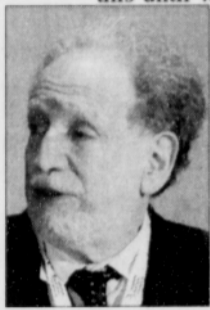
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Leonard Rodberg is professor and chair of Urban Studies at Queens College, City University of New York, and research director of the N.Y. Metro Chapter of Physicians for a National Health Program.



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Affordability Key to Real Reform

Health care based on ability to pay

BY JANET BAUER

History is unfolding before our eyes as Congress overhauls our health care system so that, at long last, it covers all Americans. Maybe.

While there's a good chance that Congress will enact some type of health care reform this year, all will be for naught if the new system leaves the cost of care out of reach for many Americans. If affordability is not adequately addressed, the prognosis for the nation will be poor.

There's no great medical mystery as to why millions of Americans today lack health coverage. They can't afford it.

To address the problem of affordability, Congress is rightly exploring a system that would base the cost of health care on people's ability to pay. Creating a sliding-scale subsidy to help lower-income Americans afford the cost of health insurance is essential.

A sliding scale recognizes the great disparities of income. Except for the wealthiest of households, American families are finding it increasingly difficult to afford health care. For some, paying for health insurance means not saving for retirement or for their kids' college education. And for others, health care

For low-income families, Congress should set the scale at a low enough level so they can still meet other basic needs from their modest paychecks.

And for moderate-income families, the cost of health care should also be much lower than it is today.

To get there, Congress must

insurance, however, is only half the cure. Health reform legislation must also limit deductibles and co-payments, which can deter people from getting the care they need.

And health plans must provide a basic level of comprehensive coverage to ensure true access. Too often people with inadequate coverage find themselves facing exorbitant hospital bills or even bankruptcy when they contract an illness or condition that their insurance doesn't cover.

Just as when you buy a car you know it comes with an engine, four wheels and safety belts, Americans need to know that their health plans come with all the basics. That's something that real health care reform must ensure.

Making health care truly affordable for all may not be politically easy, but failure to do so would be disastrous. Should Congress fail to seize this historic opportunity to enact real reform, the cost of health care will continue to debilitate the health and finances of millions of families and our economy.

Janet Bauer is a policy analyst with the Oregon Center for Public Policy.

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at today's prices is simply out of reach.

The key question in implementing a sliding scale is how to calibrate it. How much should families at different income levels be expected to pay for premiums and other costs of care?

If moderate- and low-income families are asked to pay more than they can afford, the reform effort will fail. We'll be back at square one, with millions of Americans uninsured and the economy still hampered by a costly health care system.

address the cost of monthly premiums. Right now, for a family of four earning \$77,000 without employment-based health care, the typical health care premium in the private insurance market costs over \$12,600 a year - about 16 percent of their income. From a practical standpoint, that's unaffordable.

A reasonable amount for such a family to spend on premiums is no more than about 8 percent of their income. That's the level Congress should set for middle-income families.

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A Helping Hand for College Students

Good investment in the future

BY JUDGE MATHIS

In recent months, the federal government has bailed out banks, auto companies and, to a

lesser extent, families and individuals via programs built into its economic stimulus package. College students are now in need of a helping hand. And the government needs to step up.

Organizations that provide private college scholarship have cut back on the money they give to students, thanks in part to the economic down-

made things difficult for numerous industries, now is not the time for scholarship cutbacks.

During an economic downturn, Americans should be encouraged to return

to school to obtain training, increase their skills or to develop new ones. This way, when things improve - and they always do - these individuals will

potentially help grow these sectors in the future.

The federal government should either expand the economic stimulus package to include funds for college scholarships or create a new funding source specifically for this purpose.

Additionally, federal grants to students need to be further extended and programs designed to eliminate student loan debt in exchange for work - i.e. teaching for a year, working in new industries in city's hit by urban blight - need to be researched and implemented.

Some have argued that the current administration is on a spending frenzy and will attempt to block the allocation of additional funds for college students. However, even in an economic crisis it is important to invest in the future. And there is nothing more important to the continued growth of this country's economy than its workforce.

Judge Greg Mathis is vice president of Rainbow PUSH and a board member of the Southern Christian Leadership Conference.

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turn. Funding sources have either been reduced or completely eliminated, to the detriment of those wanting to further their education.

These cuts, combined with a difficult economic climate that makes it even harder for families to afford college tuition, are dashing the college dreams of numerous students across the country, most of whom come from working and middle class families.

Even though the economy has

be better prepared for the job market. The quality of workers available to employers will have improved and companies will be motivated to refrain from outsourcing key jobs.

The financial coffers of the foundations and other organizations that offer scholarships are drained. So the government must step in. Given the assistance that has been extended to other industries, it is not too much to ask that the government help the workers who may

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