

Social Responsibility and Access to Health Care: The Problem of the Non- and Under-insured

One of the most pressing and complicated issues facing the future of health care in America is the problem of the noninsured and the underinsured. With health care frequently being cited as the second most important issue to Americans behind education, many recognize the magnitude of the problem. The problem facing roughly 47 million people living in the United States without health insurance and access to care has been, until recently, largely ignored. Albeit a complicated problem with no easy answer, it is growing in severity each day and the health and integrity of this country presses us to start asking the right questions and proposing real solutions. Health care reform needs to address not only the basic problem of all people not having health insurance, but it also needs to look at the exponentially rising costs of care, problems with Medicare and Medicaid policies, prescription drug costs, shortcomings of health maintenance organizations, and concerns over the future of the nation's health.

Who are these noninsured and underinsured Americans? They are not just the homeless and the indigent; they are often educated, looking for a job or engaged in full- or part-time occupations. In fact, 80% of the noninsured are employed. Many fall into the social abyss of the working poor; people who make too much money to qualify for aid but too little to afford health insurance. A disproportionate share of the burden falls on immigrants and ethnic minorities as well as their children.

The rising costs of health care are being followed closely by rising insurance costs. This has caused a backlash leading to falling rates of employer coverage, down from 69% in 2000 to 60% in 2005. The end result is an increasing number of uninsured people often forgo needed preventative and primary care services, only seeking medical attention under dire circumstances. For the noninsured and underinsured—25% of all Americans—one costly medical expense can lead to impoverishment and bankruptcy. Frequently, hospital emergency rooms and state aid programs must absorb these substantial financial burdens. This translates into higher health care costs and thus higher insurance premiums for everyone. The problem of the uninsured and underinsured is one that is shared by all, either directly or indirectly.

Maybe the real question is how to define health care. Is it a commodity, to be subjected to an open market of supply and demand? Should expensive medications or operations only be accessible to those who can afford them? Or is our social responsibility as an advanced society to offer affordable, basic coverage to all constituents like every other major industrialized society does? Depending on whom you ask, it is both. Unfortunately, this underscores one of the major roadblocks to developing a health care system that works for everyone—the lack of a clear concept of what the government's role in health care should be.

Attempts have been made to create a national health care system in the past, for example the Medicare and Medicaid Acts of 1965 and a largely unsuccessful attempt by the Clinton Administration in 1993. However, even those marginal gains for basic coverage still face fall-out from the dichotomy of political and social will. While federal public health agencies like the U.S. Department of Health and Human Services are publishing health goals such as the reduction of health disparities among racial and ethnic minorities by 2010, the federal government proposed net budget cuts of \$13.6 billion for Medicaid and State Children's Health Insurance programs from 2005-2010.

A number of states have responded by trying to fight the growing problem of the uninsured on their own, developing a wide variety of programs to expand coverage through either public health or market-based strategies. These state plans are being looked at as experimental models, and some are receiving special funding for their efforts. However, Medicaid spending often is the largest single expense in state budgets, and the reality that has plagued these programs in the past is that the problem of medical care is just too expensive for states to handle alone. State programs cannot and should not be made to function alone; they do not negate the need for federal action.

Talk of health care reform has re-entered the national public arena. Health Coverage Coalition for the Uninsured, a group of 16 influential national organizations, has spent the past 30 years advocating for better federal health policy and recently released a report stressing the need to address this growing problem. I hope this renewed attention and debate at the federal level, combined with the actions taken by states, will help bring the real and important issues to the forefront of our political agenda. The United States is a world leader in many areas of medicine and biotechnology, but without enacting well-developed solutions, the gap between affordability and possibility will continue to make accessing adequate, basic health care an elusive goal for millions of people in America.

As student nurses, we are in a powerful position to learn about this important issue and have a social responsibility as the future of health care delivery to understand all aspects of debate surrounding access to care. Further, in our future role as a nurse, it is our obligation to act as patient advocates... ensuring health care is delivered to all people with compassion and equality. The experiences that are offered through Emory's NHWSON and specifically through my involvement with HealthSTAT (Health Students Taking Action Together) have helped enhance my knowledge of the problems with access to care and enriched my education. I have developed a more profound appreciation for the importance of using your voice in health care debate, especially to fight for what you believe. This has been further supported by my experiences with the Georgia Association of Nursing Students (GANS) and National Association of Nursing Students (NSNA) Organizations, which pass resolutions, which can impact the future of nursing and health care. I look forward to utilizing the skills that my involvements at Emory have afforded me to become an active leader in the community as a professional nurse, advocating for a more socially responsible future where all people are supported in their efforts to achieve health.