

# ONCOLOGY NURSING SOCIETY POSITION



## Healthcare Coverage for the Uninsured

Lack of insurance or inadequate healthcare coverage adversely impacts health on multiple levels. Uninsured individuals are less likely to receive preventive care and more likely to receive inadequate or delayed treatment and die prematurely than people with health insurance coverage. The uninsured often lack a regular source of care for primary and chronic conditions and require costly “crisis” care in emergency departments or hospitals for those conditions. In a recent study, approximately 41% of adults without health insurance were unable to see a doctor in the prior 12 months, and 57% of adults without health insurance did not have a personal healthcare provider (Robert Wood Johnson Foundation, 2006a).

Of serious concern is that the uninsured access and use routine cancer screening and early-detection tests and services less frequently than their insured counterparts. According to *The Coverage Gap: A State-by-State Report on Access to Care*, prepared for the Robert Wood Johnson Foundation (2006a),

- Almost 51% of women without health insurance did not have a screening mammogram in the prior two years, compared with 22.8% with health insurance
- Approximately 25% of women without health insurance had not had a Pap test in the prior three years, compared with 12.2% of women with health insurance
- An estimated 76% of men aged 40–64 without health insurance had not had a prostate-specific antigen test in the prior two years, compared with 52.2% of insured men
- 74.2% of adults ages 50–64 without health insurance never have had a colonoscopy, compared to 50.5% of adults with health insurance.

The number of uninsured individuals in America has reached crisis levels.

- The U.S. Census Bureau (2007) recently reported that (a) the number of Americans without health insurance reached 46.6 million in 2005, up from 45.3 million in 2004, and (b) 15.9% of the population lacked health insurance in 2005, compared with 15.4% in 2004.
- Americans aged 50 and older are losing their health insurance—one in six adults aged 50–64 is uninsured (Robert Wood Johnson Foundation, 2006a).
- Four out of five of the uninsured are in working families (Kaiser Commission on Medicaid and the Uninsured, 2006).

Many factors contribute to the increase and high number of uninsured, including the following.

- The proportion of people with employer-sponsored coverage fell to 59.5% in 2005, from 59.8% in 2004 (U.S. Census Bureau, 2007). The change can be attributed to (a) a decrease in employers offering coverage (in the past five years since 2006, 266,000 companies have stopped offering insurance) (Clemmitt, 2006) and (b) an increase in workers in jobs where insurance is not offered or who are self-employed.
- The U.S. Census Bureau (2007) reported that although the number of people with employer-based coverage continues to fall, the number of people with public coverage is not rising accordingly.

Although the United States is the world leader in healthcare spending, it is the only industrialized nation that does not ensure that every citizen has healthcare coverage. Many strategies to reform the U.S. healthcare system have been proposed. They include new public programs, expansion of existing programs, proposals that require employers to provide health insurance, federal mandates that require people with certain income levels to purchase insurance, creation of purchasing pools for small businesses, and various tax credits, deductions, incentives (e.g., health savings accounts), and penalties (Robert Wood Johnson Foundation, 2006b). Healthcare organizations have issued specific proposals that range from public-private partnerships to government-guaranteed health insurance for all U.S. citizens (Health Care Policy Roundtable, 2006). Many state-level coverage initiatives also have been enacted or are pending in the legislature (State Coverage Initiatives, n.d.).

Being uninsured or underinsured limits individuals’ ability to access cancer prevention, risk reduction, early detection and screening, treatment, and follow-up care.

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## It Is the Position of ONS That

- Every American citizen has healthcare coverage by 2010 and the U.S. Congress and president act promptly to establish and implement an explicit plan to meet that goal.
- Healthcare coverage is accessible and affordable and includes consumer choice and control.
- Healthcare coverage is continuous and not interrupted by changes in health, employment, income, age, or personal circumstances, nor does coverage exclude preexisting conditions or history of cancer.
- Healthcare coverage is comprehensive and includes prevention and screening, mental health services, prescription medications, access to evidence-based treatments and scientifically sound clinical trials, hospice and end-of-life care, as well as inpatient hospital and outpatient medical care.
- Healthcare coverage includes reimbursement for services provided by RNs and advanced practice nurses.
- Healthcare coverage and plans encourage individuals to use health care responsibly and seek appropriate and recommended cancer preventive, early detection and screening, or risk reduction services and care.
- Healthcare coverage and plans are not exempt from

state mandates or regulations, ensuring coverage of certain benefits and services (e.g., mammography, clinical trials).

## References

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