

## THE UNINSURED ARE SICKER AND DIE SOONER

**Principle: Health care coverage should enhance health and well-being by promoting access to high-quality care that is effective, efficient, safe, timely, patient centered, and equitable.**

Health insurance is the key to obtaining needed health care services, and those who lack insurance are less likely to get timely and appropriate care than their insured counterparts. Evidence from the scientific literature overwhelmingly shows that those without insurance — children as well as adults — suffer worse health and die sooner than those who have coverage.

Insurance is more important than ever, given the array of effective new medical interventions, technologies, and pharmaceuticals. Without insurance, people have less access to state-of-the-art services and drugs which often improve health and longevity. Thus the gap between insured and uninsured persons widens, raising questions of justice and equity.

### The uninsured use less health care.

- On average, uninsured persons use one-half to two-thirds the number and value of services compared with their privately insured counterparts and are more likely to use no health services at all.
- In the last year, 43 percent of working-age adults without health insurance reported that they did not seek a physician's care when they had a medical problem, compared to 10 percent of those who had coverage all year.

### Lack of health insurance undermines health on multiple levels.

- Uninsured people are more likely to receive too little medical care and receive it too late; as a result, they are sicker and die sooner.
- Uninsured adults have a 25 percent greater mortality risk than adults with coverage. About 18,000 excess deaths among people younger than 65 are attributed to lack of coverage every year. This mortality figure is similar to the 17,500 deaths from diabetes and 19,000 deaths from stroke within the same age group in 2001.
- Uninsured women with breast cancer have a risk of dying that is between 30 percent and 50 percent higher than for insured women.
- Uninsured car crash victims were found to receive less care in the hospital and had a 37 percent higher mortality rate than privately insured patients.
- Uninsured individuals with diabetes, cardiovascular disease, end-stage renal disease, HIV infection, and mental illness have consistently less access to preventive care and have worse clinical outcomes than do insured patients.

### Uninsured Adults Are More Likely Than Insured Adults To Die Prematurely

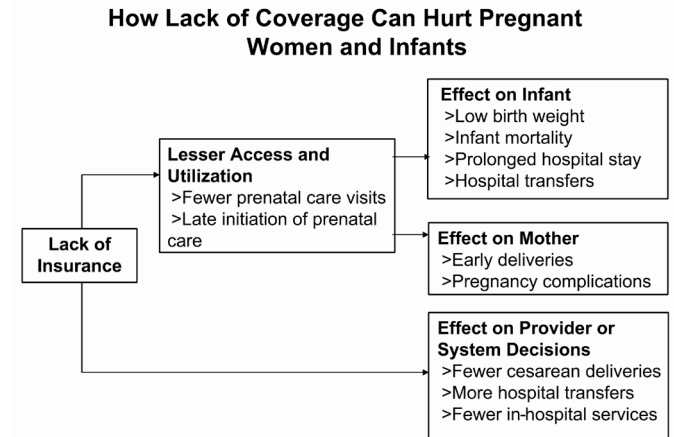
Age	U.S. Population, 2000 (millions)	Percent Uninsured (within age group)	Deaths per Million, 1999 (estimated)	Total Deaths Estimated for 2000 Population	Estimated Excess Deaths for Uninsured Adults
25-34	37.4	21	1,083	40,548	1,930
35-44	44.8	15	1,992	89,202	3,431
45-54	38.0	12	4,273	162,545	4,734
55-64	23.8	14	10,219	243,049	8,219
Total	144.0	16	3,717	535,344	18,314

SOURCE: Table D.1, based on Census estimates for 2000, in Institute of Medicine. 2002. *Care Without Coverage: Too Little, Too Late*. Washington, DC: National Academies Press.

- If common childhood conditions such as asthma, anemia, and middle-ear infections are left untreated or improperly controlled — which can happen if a family lacks insurance — they can affect mental and language development, school performance, and hearing.
- In 1996 and 1997, 15 percent of uninsured pregnant women never went to the doctor before giving birth, compared with 4 percent of women with private or public coverage. Figure 2 outlines the related consequences: more low-birth-weight babies and increased infant mortality.

### Coverage is related to better outcomes.

- People with any kind of health insurance are more likely to receive screening services than are those with no coverage. Chronically ill people, (e.g., those with hypertension, diabetes, schizophrenia) who have health insurance are more likely to receive appropriate care than those who are uninsured.
- Uninsured people are more likely to require expensive crisis care in emergency rooms or hospitals for conditions that would have been responsive to earlier, more appropriate ambulatory care. For instance, uninsured patients are more likely to develop severe, uncontrolled hypertension that requires emergency hospital admission.



Source: Institute of Medicine. 2002. *Health Insurance Is A Family Matter*. Washington, DC: National Academies Press.

### Having coverage can promote receipt of high-quality care.

- The uninsured are less likely than their insured counterparts to receive recommended preventive and screening services, or medicines and treatments that meet the professional standard, including medications for depression, revascularization for acute myocardial infarction, and breast-conserving surgery with mastectomy.
- Having a regular provider of care, particularly for primary care and chronic conditions, is considered a predictor of quality. Uninsured children were more than three times as likely as children with Medicaid coverage to have no regular source of care (15 percent vs. 5 percent), and uninsured adults were more than three times as likely as those with public or private insurance to lack a regular source of care (35 percent vs. 11 percent).
- Uninsured adults with chronic diseases are less likely to receive evidence-based, recommended care for their condition than those who have health insurance. For example, uninsured adults with diabetes are less likely to receive recommended regular foot or eye exams, which can prevent foot ulcers and blindness.

### Providing health insurance is cost-effective for society.

- The economic value to be gained in terms of better health outcomes once those now uninsured become insured would likely exceed the additional costs of providing them with same level of services used by those with public or private coverage.
- If all uninsured individuals gained coverage, the estimated costs for their increased use of services range from \$34 billion to \$69 billion, which is between 3 percent and 5.6 percent of national spending for personal health care services in 2001.

Drawn from: *Coverage Matters*, 2001; *Care Without Coverage*, 2002; *Health Insurance Is a Family Matter*, 2002; *Hidden Costs, Value Lost*, 2003; *Insuring America's Health*, 2004; Institute of Medicine, Washington, D.C.: National Academies Press.