

Joint Commission on Health Care

Interim Staff Report: Individuals with Life-Threatening Conditions (SJ 339 – 2009)

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- ❖ Directs the JCHC to:
 1. Identify existing resources to help those without private insurance who don't qualify for Medicaid in emergency situations, and ways to publicize any resources;
 2. Determine approximately how many such cases occur in the Commonwealth each year;
 3. Examine programs in other states to provide assistance in such situations; and
 4. Recommend effective solutions for addressing this problem in the Commonwealth.



Agenda

- ❖ Who are the insured?
- ❖ Who are the uninsured?
- ❖ What is the impact of being uninsured?
- ❖ Year 2 Plan



Who is Insured and how?

- ❖ Approximately 61% of people in the U.S. under age 65 receive health insurance coverage as an employer benefit.
 - About half are covered as employees and half are covered as an employee's dependent.
- ❖ 5% of people younger than 65 purchased private policies directly in the non-group market. In 2005, approximately
 - 3 of 5 adults who considered buying coverage had difficulty finding a plan they could afford.
 - 1 of 5 were denied coverage, charged a higher price based on their health status, or had a specific health condition excluded from coverage.
- ❖ Medicare covers those 65 and older; the nonelderly who do not have access to or cannot afford private insurance go without health coverage unless they qualify for insurance through Medicare (due to disability), Medicaid, SCHIP, or another state-subsidized program.



Who does Medicaid Cover?

- ❖ Medicaid provides health insurance for the following low-income populations:
 - Aged, blind and disabled;
 - Children;
 - Adults with children; and
 - Pregnant women.
- ❖ Most childless adults are not eligible to be covered by Medicaid.
- ❖ A Kaiser Family Foundation report noted that Virginia is 49th among all states and the District of Columbia in Medicaid coverage of low-income adults (19-64).



Many working Virginians cannot afford health insurance, but do not qualify for Medicaid

- ❖ In 2006, the number of uninsured Americans reached 47 million.
 - Including 15% of Virginians aged 25-64 (640,650 individuals)
- ❖ Families USA estimates that more than 10 working-age Virginians die each week due to lack of health insurance (approximately 550 people in 2006).



Who are the uninsured?

- ❖ More than 8 in 10 are in working families.
 - About 70% are from families with 1 or more full-time workers and 12% are from families with part-time workers.
 - Only 19% are from families not connected to the workforce.
 - Among the uninsured who are below poverty, 54% have at least one worker in the family.
- ❖ About two-thirds are poor or near poor.
 - They are less likely to be offered employer-sponsored coverage or be able to afford to purchase private insurance.
- ❖ Are more likely to be adults than children.
 - Most low-income children qualify for Medicaid or SCHIP (FAMIS in Virginia).



Impact of being uninsured

- ❖ Families USA reports that compared to insured Americans, the uninsured are:
 - Less likely to have a usual source of care outside of the emergency room.
 - Up to 4 times less likely to have a regular source of care than the insured.
 - Often go without screenings and preventive care.
 - More than 30% less likely than insured adults to have had a checkup in the past year.
 - More likely to be diagnosed with a disease in an advanced stage.
 - Often delay or forgo needed medical care.
 - Approximately 3 times more likely to report having problems getting needed medical care and to delay seeking medical care.
 - Sicker and die more prematurely.
 - As adults, 25% more likely to die prematurely; particularly if they are 55 to 64 years of age.
 - Pay more for medical care.
 - Unable to negotiate the discounts on hospital and doctor charges that insurance companies do; often charged more than 2.5 times what insured patients are charged.
 - Have problems paying medical bills.



What happens to uninsured in an emergency situation?

- ❖ The Emergency Medical Treatment and Active Labor Act (EMTALA) prevents hospitals from rejecting patients, refusing to treat them, or transferring them to "charity hospitals" or "county hospitals" because they are unable to pay or are covered under the Medicare or Medicaid programs.
 - In effect, it provides that no patient who presents with an emergency medical condition and who is unable to pay may be treated differently than patients who are covered by health insurance.



Study Process

- ❖ Year 1:
 - Report background information.
- ❖ Year 2:
 - Determine extent of problem in Virginia,
 - Identify existing resources for the uninsured,
 - Highlight programs in other states, and
 - Present potential solutions and ways to publicize solutions.



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