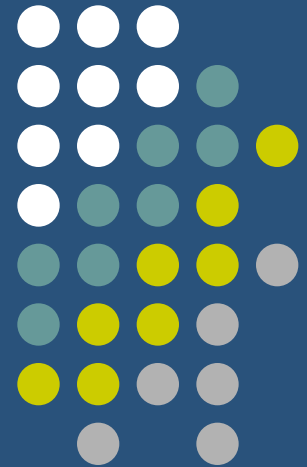


The Uninsured: An Escalating Problem in the United States



Agenda



- Some “Truths”
- Household Income and Poverty in the United States
- The Size of the Uninsured Problem
- Who are the Uninsured?
- Regional and National Data
- Insurance Status and the Impact
 - Utilization of Medical Services
 - Health Outcomes
- Potential Solutions



Sources of Information

- Income, Poverty, and Health Insurance Coverage in the United States: 2007; US Census Bureau
- Health Insurance Coverage: Early Release of Estimates from the National Health Interview Survey, January-June 2008, CDC
- Kaiser Family Foundation
- SHADAC (State Health Access Data Assistance Center)
- Center for Studying Health System Change
- Institute of Medicine
- Excellus BlueCross BlueShield fact sheets

Some 'Truths'

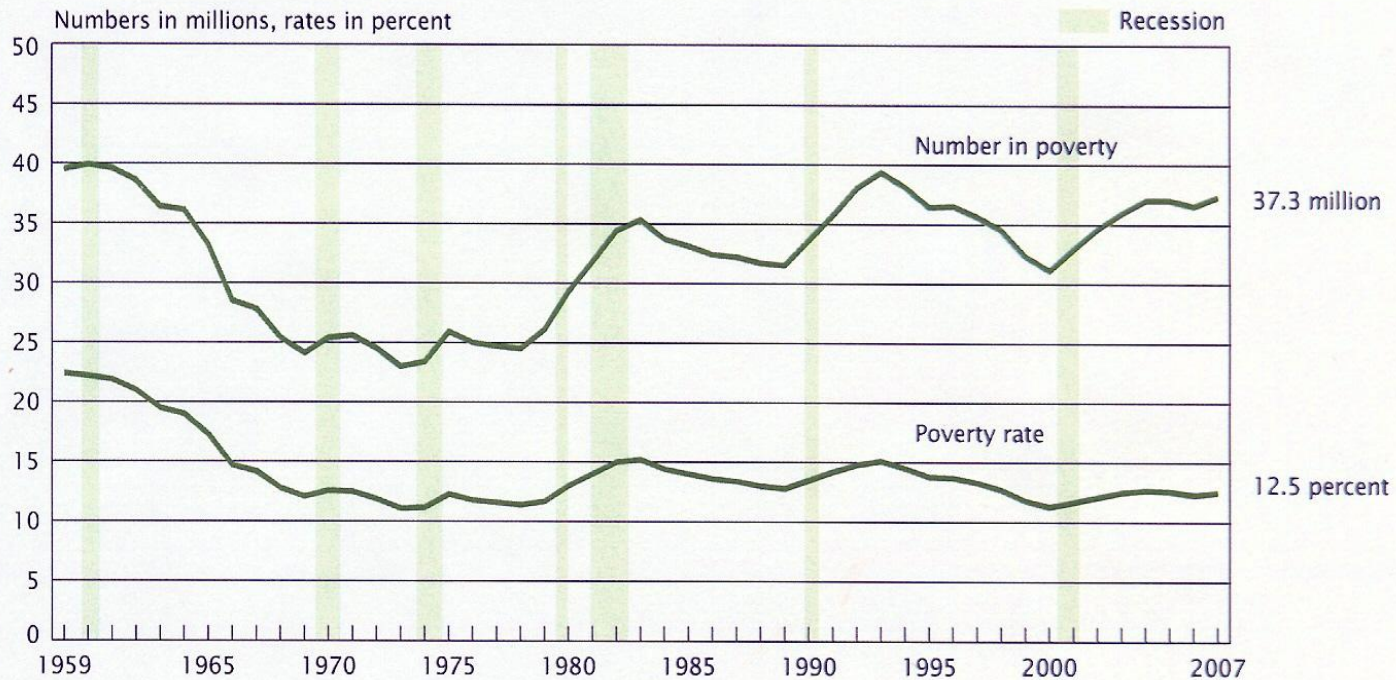


- Only a small % of the uninsured *choose* to go without health insurance because they believe they don't need it.
- Most of the uninsured are either full time workers, or related to a full time worker.
- Employer based health insurance is either not available or unaffordable for most of the uninsured.
- The growth has been driven by low income adults.
- Most of the uninsured are US citizens.
- Health insurances matters; it impacts when, where and whether people get necessary care.

Poverty in the United States



Figure 3.
Number in Poverty and Poverty Rate: 1959 to 2007



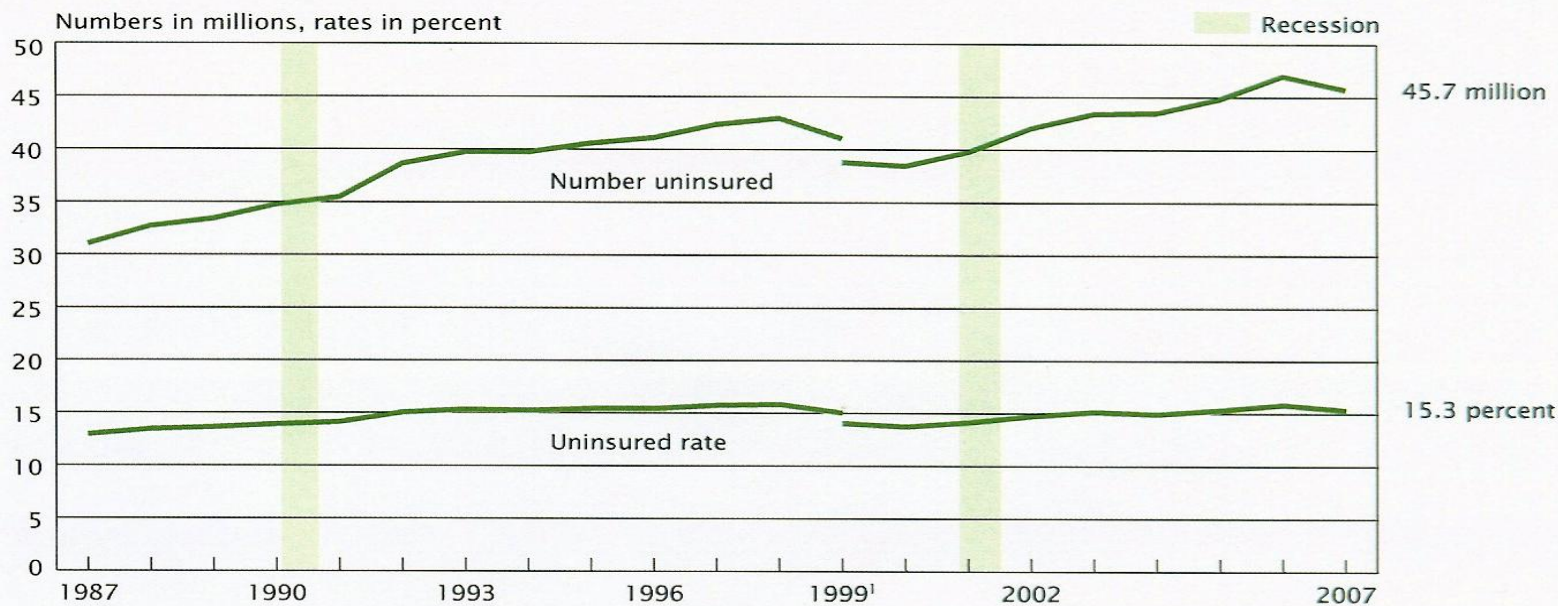
Note: For information on recessions, see Appendix A.

Source: U.S. Census Bureau, Current Population Survey, 1960 to 2008 Annual Social and Economic Supplements.

Health Insurance Coverage in the United States



Figure 6.
Number Uninsured and Uninsured Rate: 1987 to 2007



¹ Implementation of Census 2000-based population controls occurred for the 2000 ASEC, which collected data for 1999. These estimates also reflect the results of follow-up verification questions that were asked of people who responded "no" to all questions about specific types of health insurance coverage in order to verify whether they were actually uninsured. This change increased the number and percentage of people covered by health insurance, bringing the CPS more in line with estimates from other national surveys.

Note: Respondents were not asked detailed health insurance questions before the 1988 CPS. For information on recessions, see Appendix A.

Source: U.S. Census Bureau, Current Population Survey, 1988 to 2008 Annual Social and Economic Supplements.

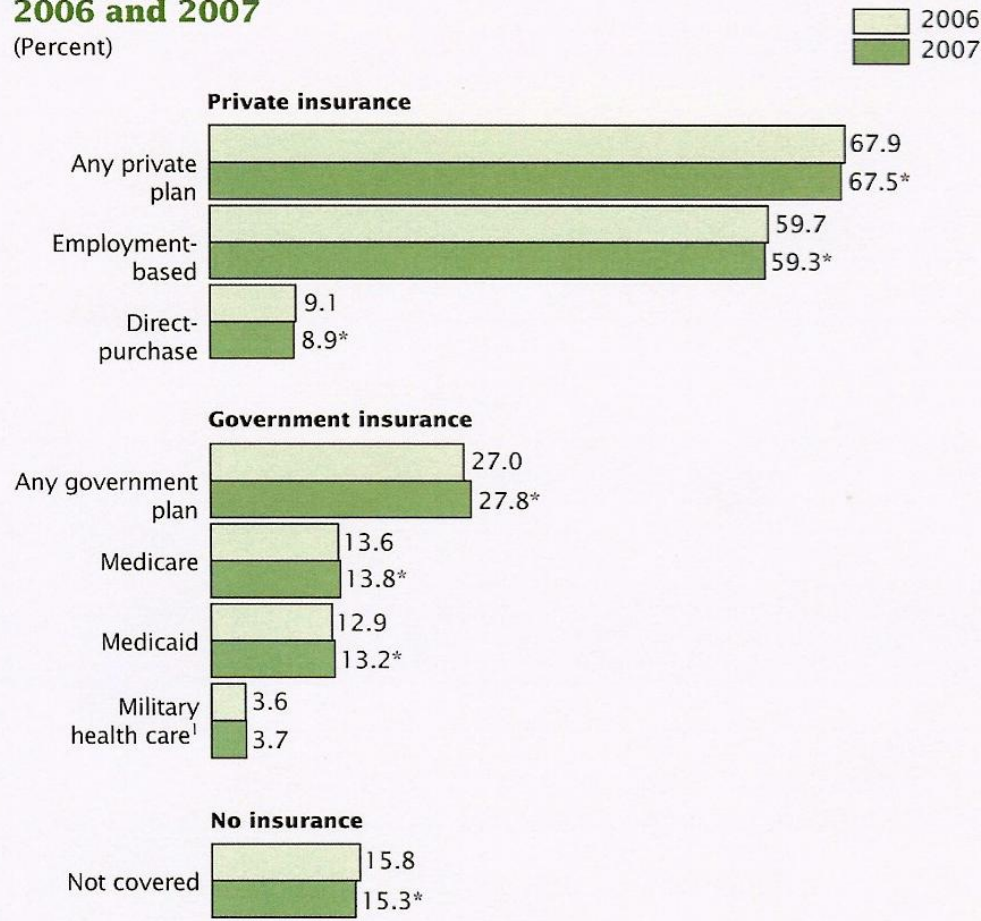
Type of Health Insurance Coverage in the United States



Figure 7.

Coverage by Type of Health Insurance: 2006 and 2007

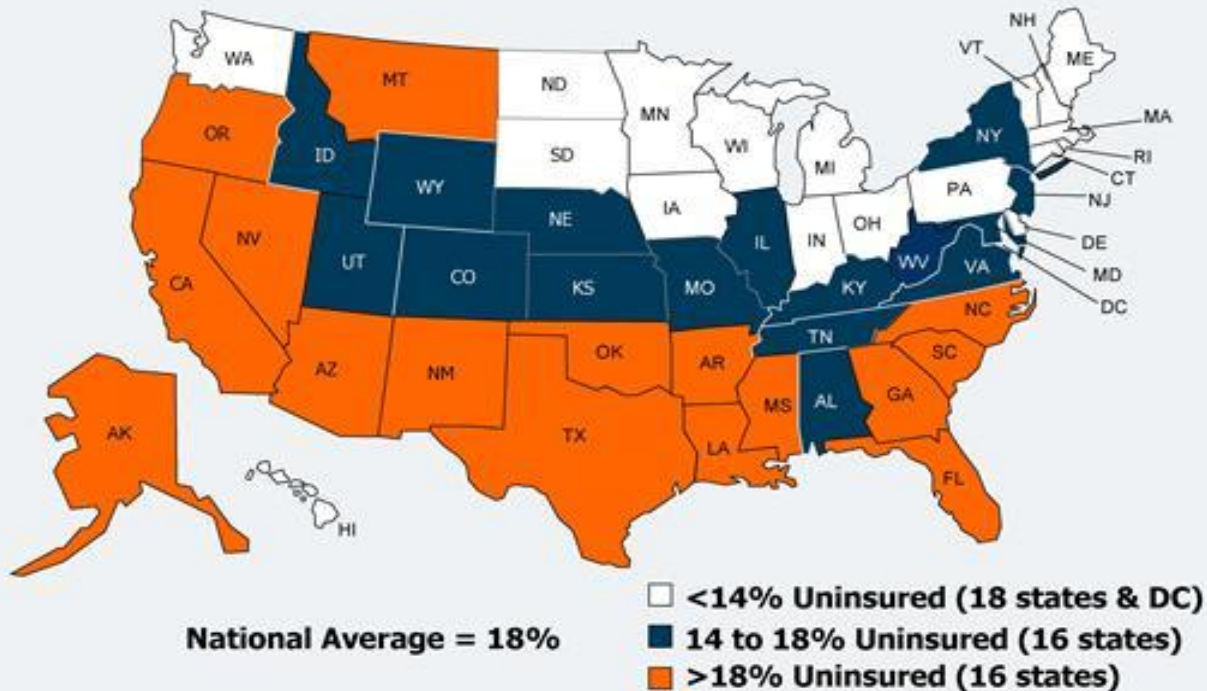
(Percent)



State-Specific Estimates of Uninsured Persons: 2006-2007



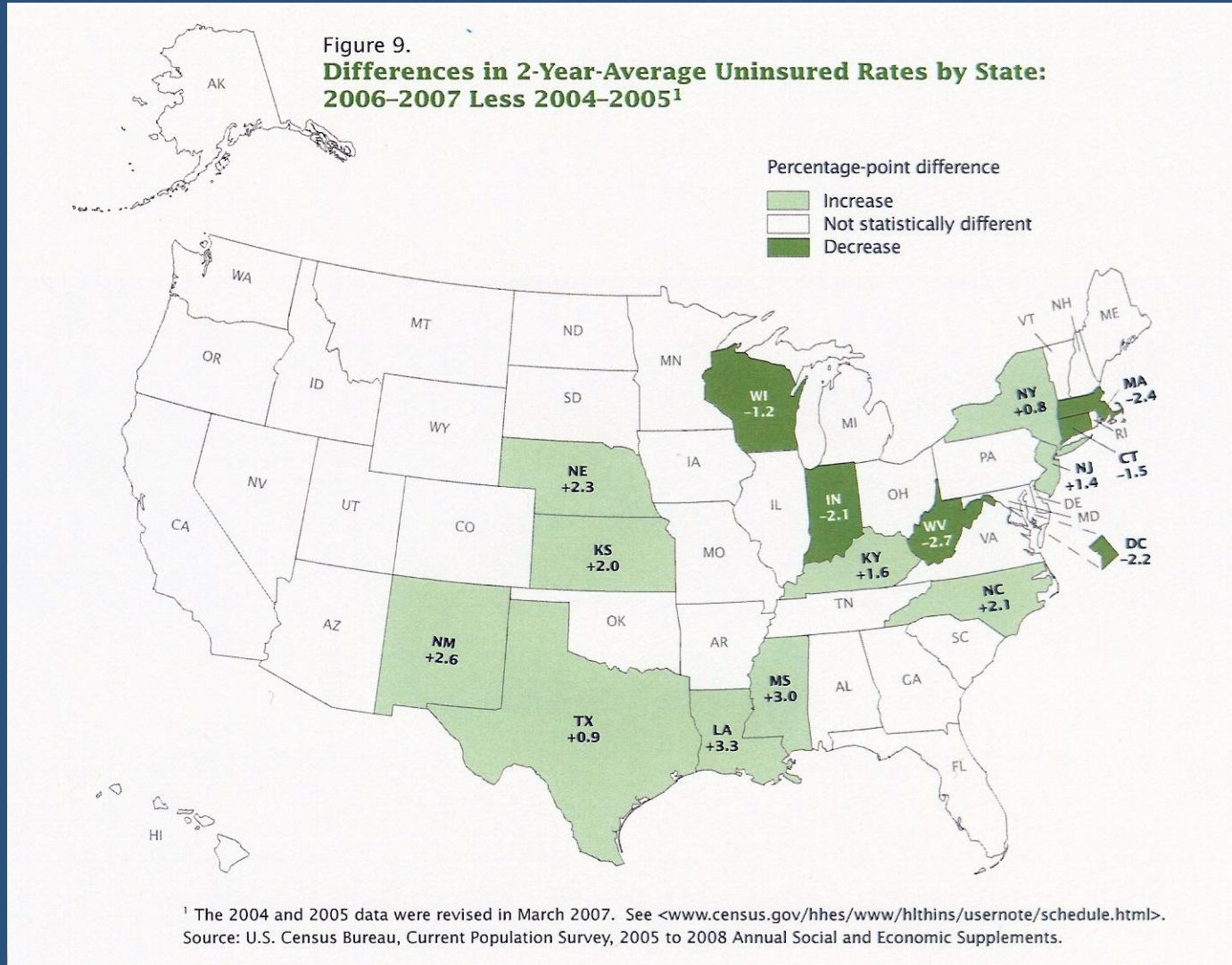
Uninsured Rates Among Nonelderly by State, 2006-2007



SOURCE: Kaiser Commission on Medicaid and the Uninsured/Urban Institute analysis of 2007 and 2008 ASEC Supplements to the CPS., two-year pooled data.

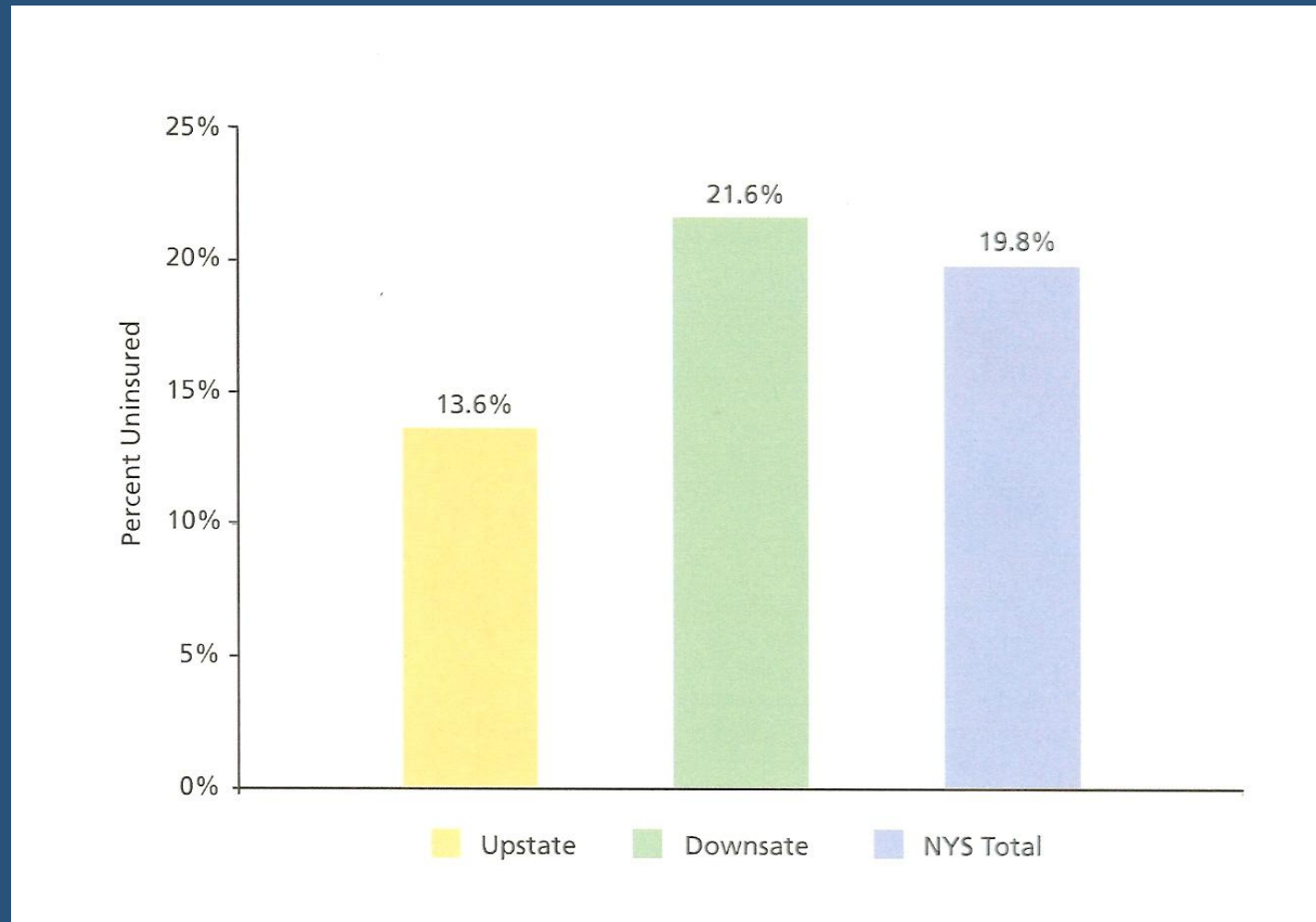


State Level Data





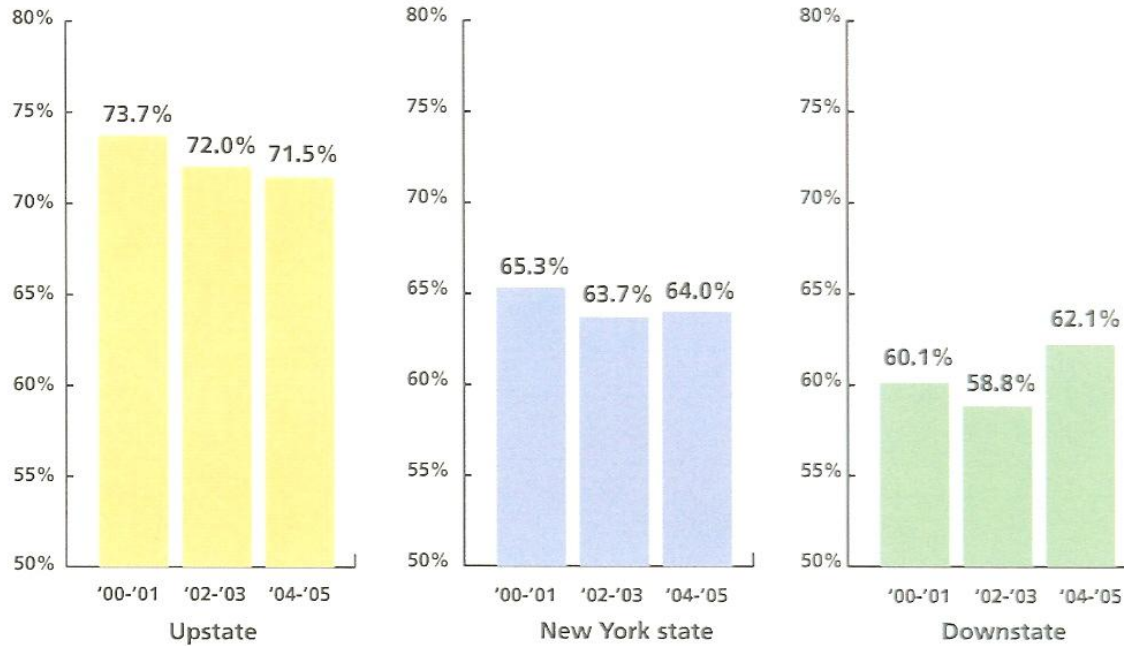
Upstate versus downstate uninsured rates: ages 18-64 (2003-2005 average)



Health Coverage among Upstate New Yorkers (Ages 18-64)



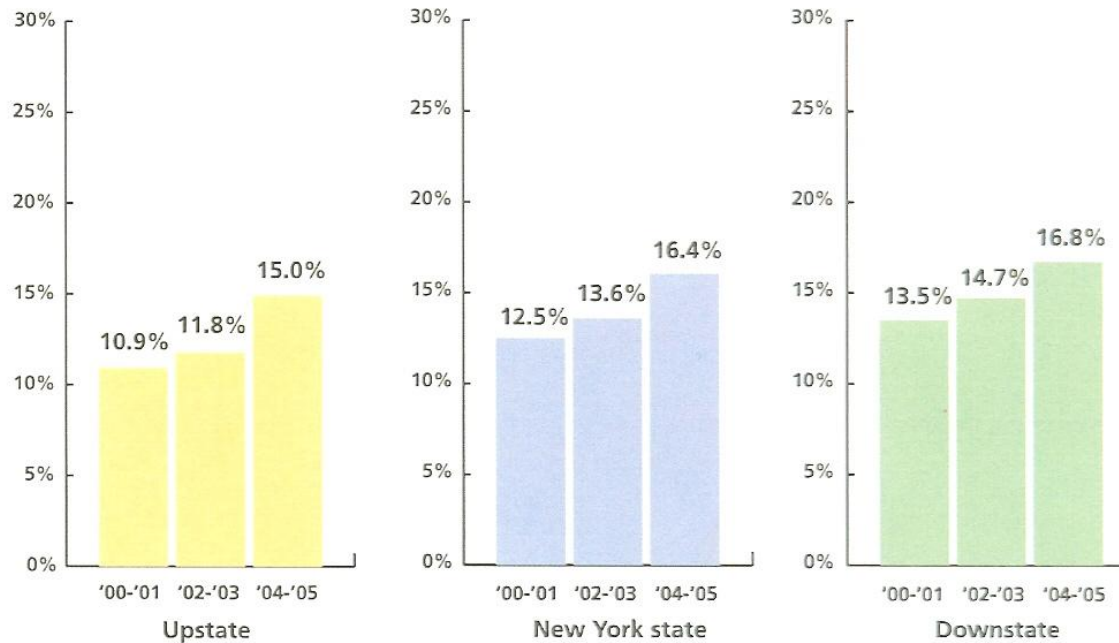
Employment-based coverage



Health Coverage among Upstate New Yorkers (Ages 18-64)

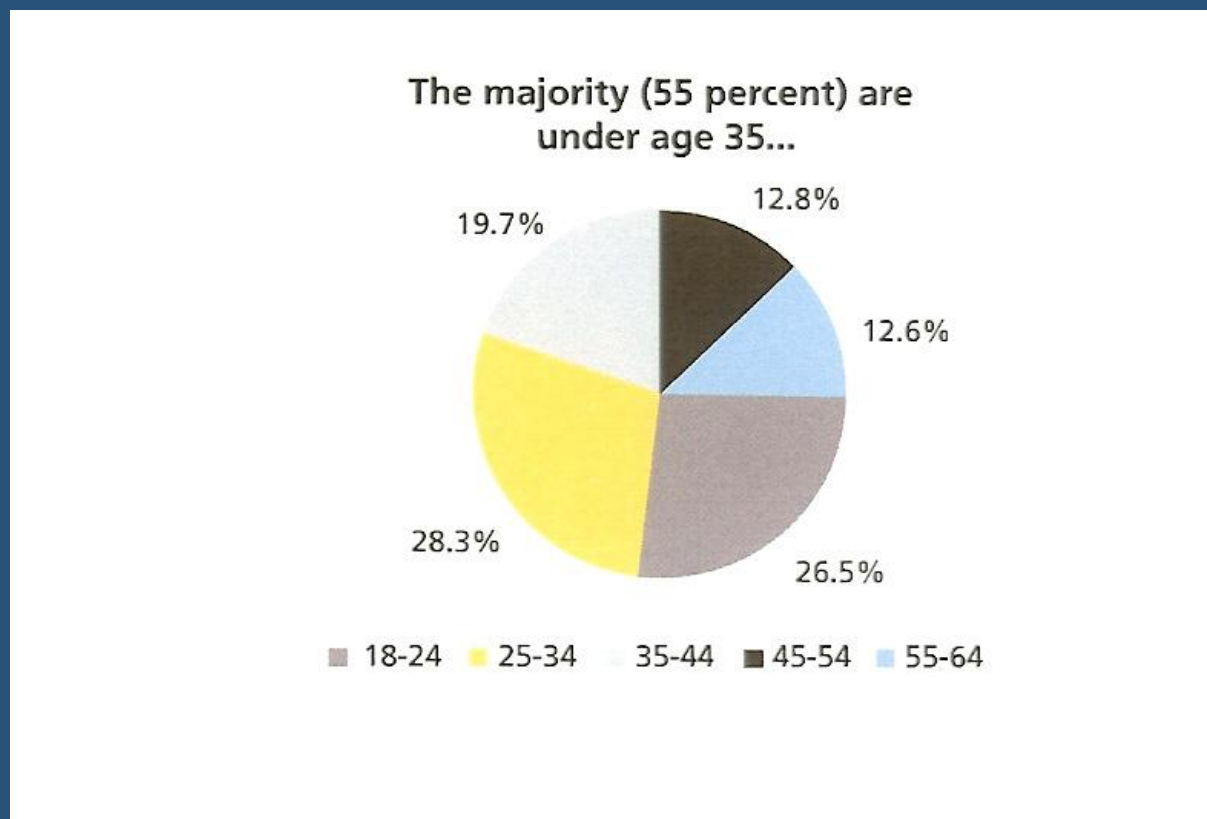


Government-based coverage



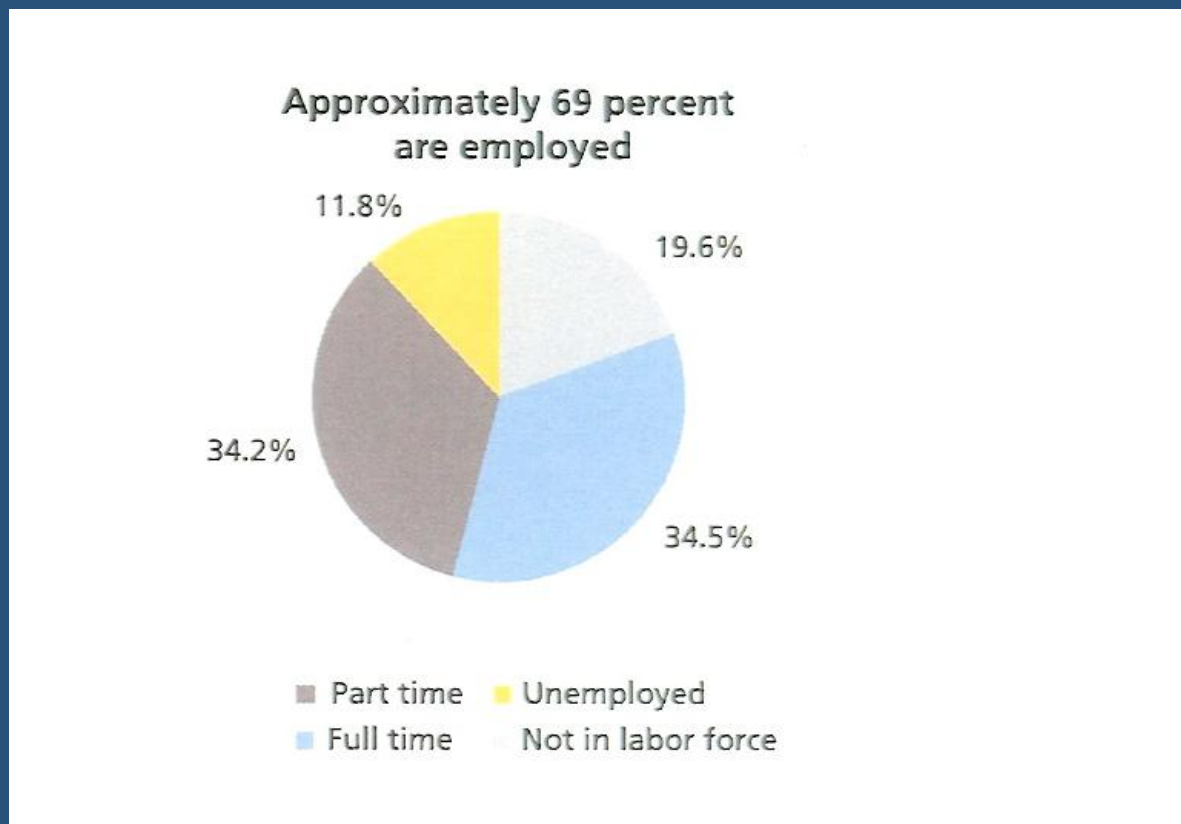


Profile of Uninsured Adults





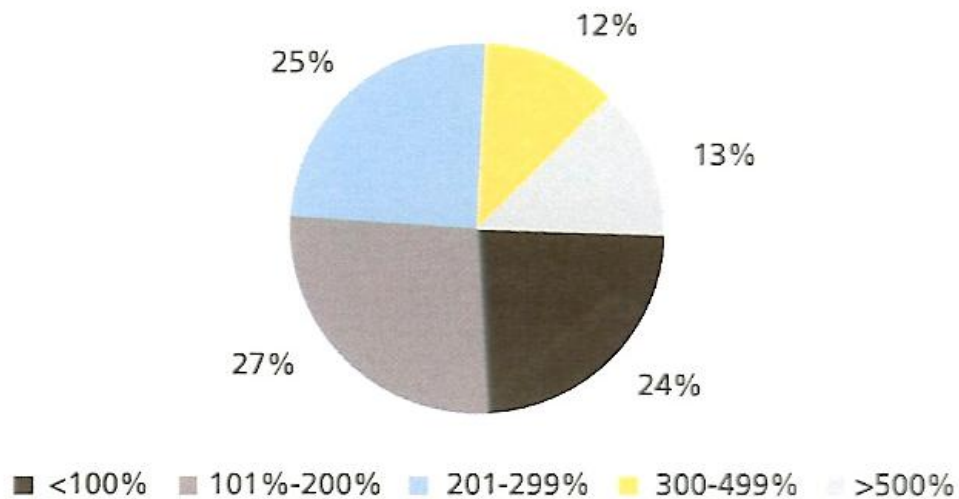
Profile of Uninsured Adults





Profile of Uninsured Adults

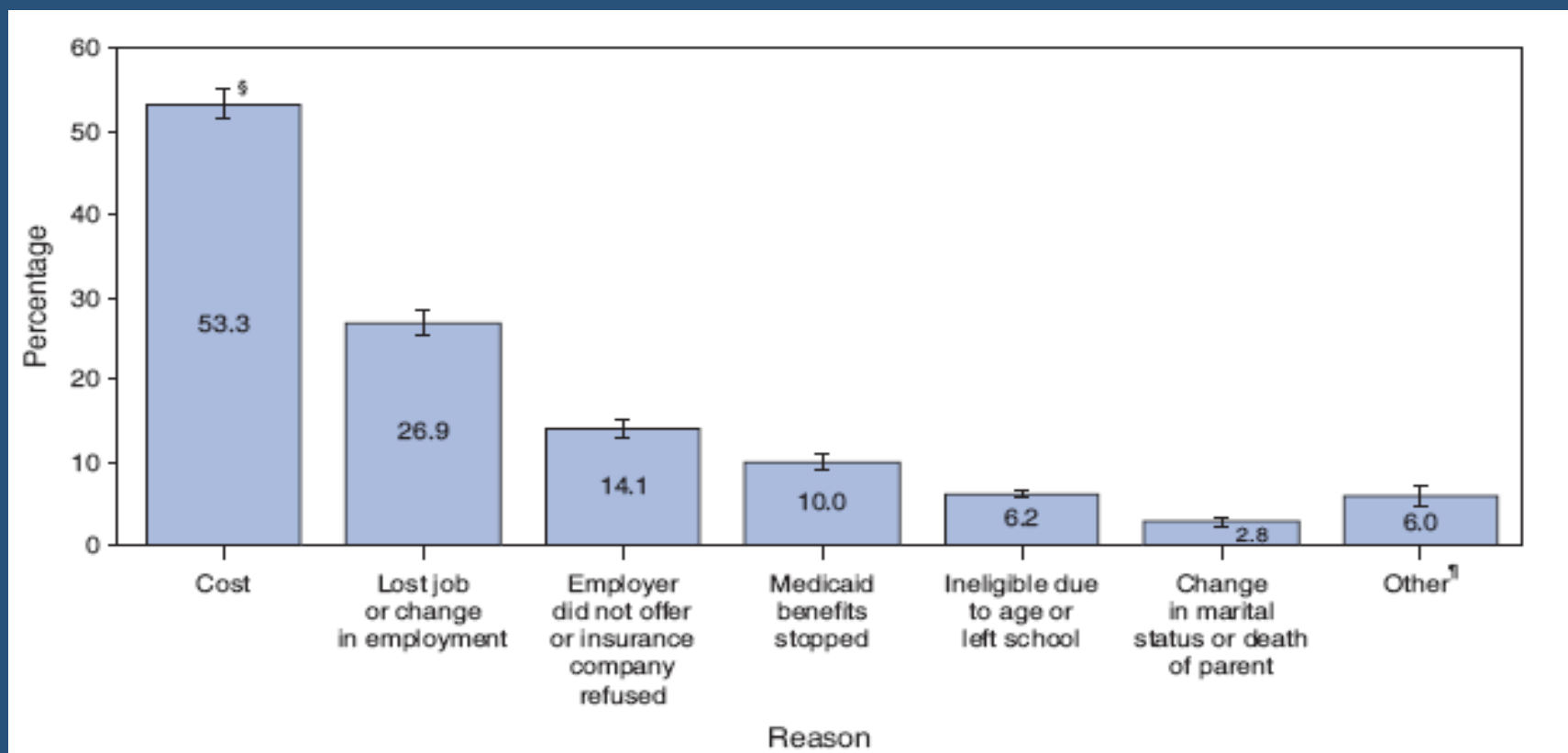
25 percent are members of families whose household income is equal to or greater than 300 percent of the federal poverty level



Reasons for no Health Insurance among Uninsured Persons Aged <65 Years



- adapted from National Health Interview Survey, United States, 2004



Impact of Insurance Status on Utilization of Health Services



Freeman JD et al. The Causal Effect of Health Insurance on Utilization and Outcomes in Adults: A Systematic Review of US Studies. 2008. Medical Care 46 (10): 1023-1032.

- Health insurance increases the use of outpatient physician services, specialty care, preventive care
 - Higher immunization rates in adults/children
 - Access to pre-natal care
 - Diabetic care
- Health insurance has an unclear impact on the use of ED services.
 - Studies showed no difference or slight decrease when insured

Impact of Insurance Status on Health Outcomes



The studies show that individuals with health insurance have.....

- improved access to health care
- less likely to delay seeking care
- experience shorter wait times for treatment
- less likely to require avoidable hospitalizations
 - Diabetes, asthma
- less progressed disease states when diagnosed
 - e.g. ruptured appendix
- lower mortality rates

Who is this ?



John Donne (1572-1631)



- "All mankind is of one author, and is one volume; when one man dies, one chapter is not torn out of the book, but translated into a better language; and every chapter must be so translated...As therefore the bell that rings to a sermon, calls not upon the preacher only, but upon the congregation to come: so this bell calls us all: but how much more me, who am brought so near the door by this sickness....**No man is an island, entire of itself...any man's death diminishes me, because I am involved in mankind; and therefore never send to know for whom the bell tolls; it tolls for thee.**"

“A Shared Destiny”: Institute of Medicine Report



- (2004) An excellent over-view of effects of lack of insurance on individuals, their families and their communities
- 2009 Update in progress

Impact to the Community



- Providing and paying for medical care for uninsured individuals is currently fragmented and ill defined.
- Lack of insurance and the inability to cover medical expenses (e.g. hospital care, outpatient care) leads to increased debt at those facilities providing care.
- Those debts are subsidized by other sources.
- Individuals are paying more for private health insurance and taxes to make up for the increased costs.

Impacts continued

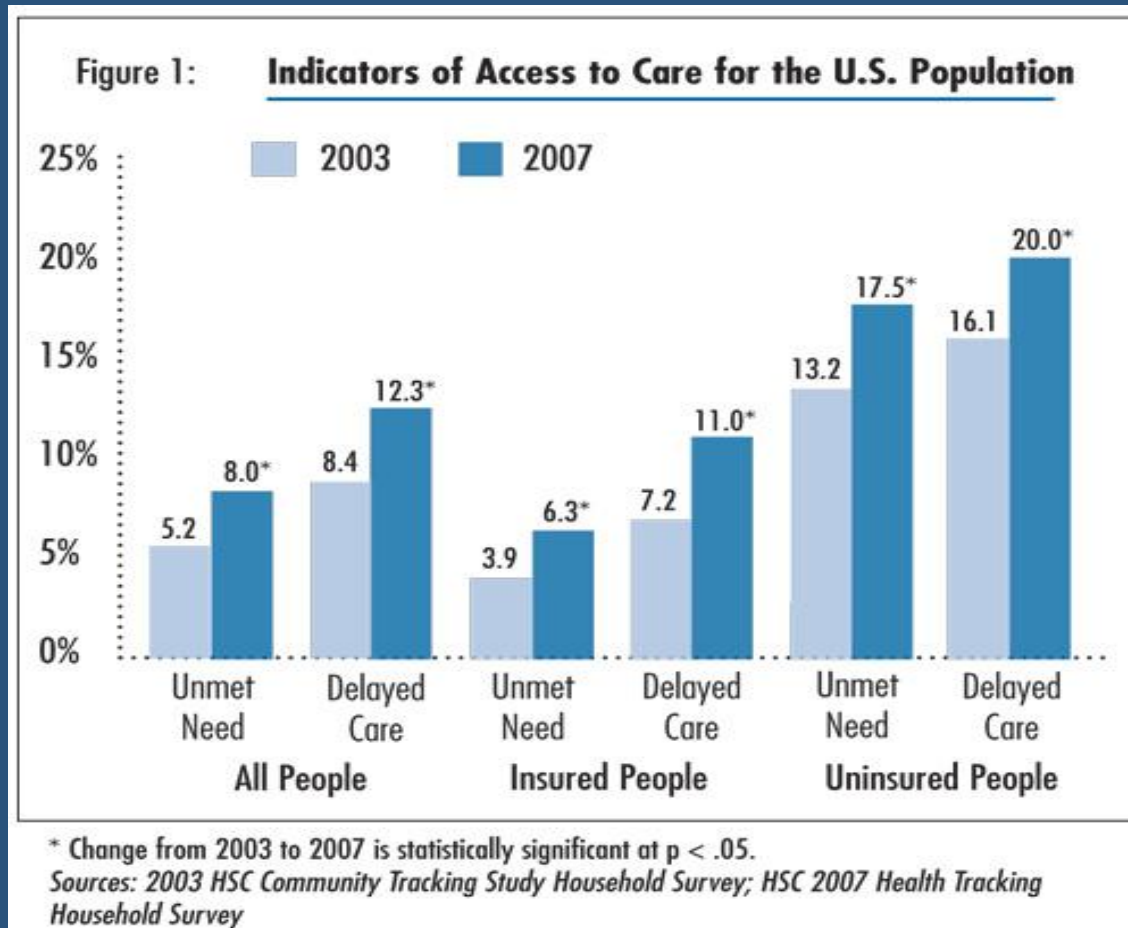


Consumers and Employers Paying Almost \$90 Billion Due to Under-Payments to Hospitals and Physicians by Medicare and Medicaid

'Hidden tax' leads to higher premiums for families and employers

WASHINGTON, D.C. — Low Medicare and Medicaid reimbursements to hospitals and physicians lead to significantly higher health insurance costs for consumers and employers, according to a study released today by Milliman Inc. The report found that annual health care spending for an average family of four is **\$1,788 higher** than it would be if Medicare, Medicaid and private employers paid hospitals and physicians similar rates, with total provider reimbursement unchanged.

Impacts to Access to Care: 2003-2007; *Community Tracking Study*



Solutions: What can we all do?



The main reason individuals cannot afford health insurance is *COST*.

What can we all do lower health care costs?



Some Initial Steps

- Generic medication
 - when available and medically appropriate
 - PPIs
- Urgent Care centers when your Physician is not available
- Preventive Check-ups
- Adopt Healthy Behaviors
 - Exercise, eat healthy, stop smoking
 - ‘Healthy Steps to Albany’ campaign

Generics: An Important Story



Increase in Generic Fill Rate
Saved Upstate New York \$369 Million in 2008
\$68 million saved in the Finger Lakes Region

Measurable increases in the use of generic drugs as alternatives to higher-priced brand-name drugs produced estimated savings totaling \$369 million across upstate New York in 2008, according to an updated analysis of prescription patterns released today by Excellus BlueCross BlueShield.

The analysis shows that from October 2007 to October 2008, the overall “generic fill rate” across upstate New York counties increased by 4.5 percentage points, from 63.9 percent to 68.4 percent. In the Finger Lakes region, the rate increased by 5.1 percentage points, from 66.3 percent to 71.4 percent. The generic fill rate is the percentage of all drug prescriptions that are filled with a generic.

“Healthy Steps to Albany”



The new anti-obesity contest "Healthy Steps to Albany" ----- First Lady of New York Michelle Paige Paterson announced a new initiative to increase public awareness of childhood obesity.

Quote:

"This is the first generation of kids who may actually die before their parents due to bad nutrition and lack of exercise," said First Lady of New York Michelle Paige Paterson. "I believe it's critical that all New Yorkers work together to help create new and easy ways for children in our community to increase physical activity and make smart nutritional choices - starting right here in Harlem."

“Healthy Steps to Albany”



Excellus BlueCross BlueShield



- Excellus BCBS has expanded its efforts to reach uninsured families and singles.
 - These efforts were prompted by our own research that showed a significant population of uninsured children and adults in specific counties.
 - Combination of open houses and expanded office hours for our Safety Net products.