

84 Million US Adults Lack Adequate Health Care Coverage

By [Kate Randall](#)

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Nearly half of US adults ages 19 to 64—an estimated 84 million people—did not have health insurance for all of 2012, or had coverage that did not adequately protect them from high health care costs.

A new report from the New York-based Commonwealth Fund documents the fact that growing numbers of workers and their family members are foregoing care because they cannot afford it, or are struggling under the weight of mounting medical bills.

This health care crisis will not be remedied by the full implementation of President Obama's Affordable Care Act in January 2014. Many of the currently uninsured or underinsured will be shunted into inferior plans with large out-of-pocket costs, or will simply not be able to afford coverage offered by private health insurers on the so-called exchanges. Many low- and middle-income households will continue to lack adequate insurance and be forced to skip care or medications due to cost.

The only age group to show an improvement in health care coverage in the Commonwealth Fund report was young adults, ages 19 to 26, where the percentage of uninsured at any time during the prior year fell from 48 percent in 2010 to 41 percent in 2012. This is most likely due to a provision of the new health care bill already in effect that allows people in this age group to be covered under their parents' insurance plans. Uninsured rates for all other age groups increased or remained the same.

Forty-six percent of all US adults did not have insurance for the full year, or had coverage that provided insufficient protection from health costs. Nearly a third—55 million—were uninsured at some time in 2012. Some 30 million people—an additional 16 percent—were insured, but had such high out-of-pocket costs that they could be considered underinsured, according to the report.

In the period from 2003 to 2012, the number of uninsured or underinsured people rose from 61 million (36 percent of adults) to 81 million (46 percent). Half of the uninsured/underinsured (40 million) in 2012 came from households with incomes under 133 percent of the federal poverty level (\$14,856 for an individual or \$30,657 for a family of four). Among adults earning between 133 percent and 249 percent of the federal poverty level, an estimated 21 million went for a period without coverage or were underinsured in 2012.

More than two of five adults—75 million people—reported problems with medical bills. Problems included an inability to pay bills, being contacted by a collection agency, or being forced to change their way of life to meet medical costs. Of those reporting problems

paying bills, 32 million said they had received a lower credit rating as a result, making it more difficult and expensive to obtain credit to purchase a home or car and threatening higher credit card interest rates and reductions in credit lines.

An estimated 28 million people reported using all of their savings to pay off medical bills. One-quarter of adults reported being unable to pay for basic necessities such as food, heat or rent due to medical costs, while 17 million delayed career or education plans. Four million people reported filing for bankruptcy; 5 million took out a second mortgage or other loan. Those unable to find a way to finance their medical care have been forced to go without.

In 2012, a staggering 80 million adults ages 19 to 64 (43 percent) reported problems getting needed health care due to cost, an increase of 17 million people since 2003. People in this group were far less likely to have a regular source of health care, or be up to date on recommended cholesterol, blood pressure, colon cancer and other screenings. Only 49 percent of women with incomes below 133 percent of the federal poverty level had a mammogram in the recommended timeframe.

The Commonwealth Fund report shows people going without vitally needed care in record numbers in 2012, including:

- * 53 million who had a medical problem, but did not visit a doctor or clinic;
- * 50 million not filling a needed prescription;
- * 49 million skipping tests, treatments and follow-ups recommended by a health care provider;
- * 37 million not getting care from a specialist, despite being referred by their doctor.

An estimated 66 million people reported having hypertension, diabetes, asthma, emphysema, lung disease or heart disease. Twenty-eight percent of these chronically ill adults reported skipping doses or not filling prescriptions for their regular medications because they could not afford to pay for it, putting their health and lives at risk. Among those chronically ill who were uninsured at the time of the survey, 60 percent reported not being able to pay for their medications.

Growth in health care premiums is a major burden, particularly for lower income households. In 2012, the average annual premium for single coverage in employer-based plans climbed to \$5,615 for an individual plan and \$15,745 for family plans. Employers have also shifted the proportion of these premiums employees are required to cover, as well as increasing deductibles and co-payments.

The poor and those who must purchase their own insurance have been particularly hard hit by premium costs. More than one-third of those with incomes below 133 percent of the federal poverty level spent 10 percent or more of their income on premium costs. Among those who must purchase their own coverage, 31 percent reported spending 10 percent or more of their income on premiums.

Under the Obama health care overhaul, individuals and families will be required to obtain health care coverage or pay a penalty. Those who are not insured through their employer and are not eligible for government programs such as Medicaid will be required to purchase

coverage on the insurance exchanges set up under the Affordable Care Act and may obtain subsidies to do so based on income.

But this will not provide relief to the vast majority of those who are currently uninsured and underinsured. An article to be published this week in the Journal of General Internal Medicine notes that most low-income households, despite receiving subsidies, will be able to afford only the lowest-tier of health care on the exchanges, the so-called Bronze plans.

While someone making up to 133 percent of the federal poverty level will be required to pay only 2 percent of his or her income to obtain Bronze coverage, these inferior plans will cover only 60 percent of costs, leaving the insured with the responsibility to pick up the remaining 40 percent. This will inevitably lead to “insured” families skipping care, treatments and medications.

Physicians for a National Health Program calculates that a 56-year-old making \$45,900 will pay an estimated \$4,361 in premiums for individual Bronze coverage, after subsidies, and up to \$4,167 in additional deductibles and co-pays. This means that more than 18 percent of his or her income will go toward health care costs.

Obamacare, far from guaranteeing decent medical care for all, will institutionalize inferior and inadequate care for tens of millions of Americans and lead to a reduction in coverage or an increase in costs for millions more who are currently covered under employer-sponsored plans. It will at the same time guarantee increased profits for the insurance industry by supplying it with millions of additional paying customers.

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