



New Report Outlines Consequences of Missing Health Coverage Infrastructure

Coverage increasingly hit-or-miss throughout Granite State

Sets up a statewide perspective. Takes emphasis off of individuals, and implies the possibility of a solution.

A problem that concerns all Californians.

Indicates early that solutions are possible.

Simplifying model evokes vivid, concrete picture.

Offers a simple causal explanation. Reinforces concrete notion of instability.

CONCORD, November 1 — New Hampshire’s health coverage system is increasingly unstable and unreliable, according to a new report from one of the state’s most comprehensive sources of health data. The report, released by State University’s Center for Health Research, describes the consequences of the shaky system for the state and the now more than one in ten residents who went without insurance for some or all of last year – and outlines several straightforward measures that could put health coverage on more stable footing, from a state insurance card to subsidies for businesses. Report authors recommend immediate action on a step-by-step plan, which could phase in reforms over the next five years.

According to Hubert B. Nall, M.D., a State University physician cited in the report, “the problem is that New Hampshire and the nation, have never constructed a modern, reliable infrastructure for health coverage. We have interstate highways, power grids and the Internet, but no effective way of ensuring that citizens have health coverage.” Dr. Nall went on to liken the state’s current job-based approach to “scattered wells, individual generators, and county roads.”

A key factor contributing to the unreliability of health coverage in the state, according to the report, is that patterns of job-based coverage are vulnerable to direct impacts from uncontrollable economic factors. For instance, counties where job markets were tight in the past year had significantly higher rates of coverage – only one out of seven nonelderly residents of XYZ Area counties went without insurance last year. By contrast, nonelderly residents of economically weaker counties had more than a one-in-five chance of going without insurance. Different types of companies also offered widely varying rates of coverage – companies with fewer than ten employees were least likely to insure their employees, though even large firms with over a thousand workers typically had

Emphasizes impacts at state level, and includes practical bottom-line consequences.

many employees who had to do without coverage. The authors of the report emphasize that the systemic problems with health coverage are not to be confused with issues relating to unemployment – 70% of those who went without insurance were working full time.

Over the past year, the state suffered a number of significant impacts due to the lack of a systematic approach to health coverage, the report concludes. Caring for those without insurance put significant financial strain on health care providers and institutions, leading to the loss of community resources such as a trauma centers and physician practices. Redirecting state funds to help pay for this care further reduced the money available for critical health programs such as immunization. The economic vitality of the state was also reduced by the poorer health, premature death, and long-term disability of uninsured workers.

Makes clear that the uninsured don't receive good care.

Consistent with previous studies, the impacts on individuals without coverage were also dramatic in terms of health, economics and quality of life. Adults who went the whole year without coverage were more than two and a half times more likely to report fair to poor health than those with insurance. And children without coverage were more than three times as likely to fall into those categories than children covered by insurance. Those without coverage typically lacked a regular doctor or healthcare facility, were more likely to go without medications for chronic conditions like heart disease and diabetes, and experienced delays in receiving treatment.

Discusses impacts on vulnerable groups, as a secondary point.

The report discusses a variety of vulnerable populations who have been hit hardest by the failures of the state's current approach to health coverage. There were sharp differences in rates of coverage based on race and ethnicity, among other factors, as well as in the amount of time people had to go without.

Reinforces lack of coherent system.

Even the state's "safety net" – made up of back-up programs such as Medicaid which allow those not currently insured to receive care – is described by the authors as "fragmented and confusing," reflecting the state's overall failure to create a stable system whereby residents receive coverage.

A reminder that there are reasonable solutions available.

The report points out that there are a number of measures currently under consideration in the state which would help create reliable systems of coverage for the state's residents – including a proposed "state insurance card;" an insurance subsidy program ("pay or play") financed by employers unable or unwilling to provide job-based insurance to employees; and expansion of existing programs which currently cover specified segments of the population, such as children and parents.

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