

POLICY FORUM

Covering the Uninsured

Introduction

Gordon H. DeFries, PhD, and Kristie W. Thompson, MA

Issue Brief:

North Carolina's Uninsured

Pam Silberman, JD, DrPH, Carmen Hooker Odom, MRP,
Thomas Lambeth, G. Mark Holmes, PhD, and Kristen L.
Dubay, MPP

COMMENTARIES

Healthcare Costs: the Engine Driving the Decline in Insurance

Sandra B. Greene, DrPH

*“Most of the increase
in the uninsured is
due to the drop in
employer-sponsored
insurance. North
Carolina experienced
a greater loss in
employer-sponsored
insurance than
other states.”*

Hospitals and the Uninsured:

One Hemorrhage at a Time, Please

William A. Pully, JD

Latinos, Immigrants, and the Uninsured

G. Mark Holmes, PhD

Health Insurance Coverage: A Luxury for Most North Carolina Latinos

Florence M. Simán, MPH

Caring for the Uninsured: A Physician's View from the Safety Net

C. Annette DuBard, MD, MPH

A Perspective on the Dentally Uninsured

M. Alec Parker, DMD

Small Employers and the Provision of Small Group Health Insurance Coverage

Connie Majure-Rhett, CCE, and Kristen L. Dubay, MPP

North Carolina High-Risk Insurance Pools

David R. Moore, CLU

Advocating for Healthcare

Betsy Vetter

Insuring North Carolina's Working Poor: Building the Foundation

L. Allen Dobson, MD

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Barbara Morales Burke, MHA

Controlling Healthcare Costs: The Key to Making Coverage Affordable

Robert J. Greczyn, Jr.

Insuring North Carolina's Children

E. Stephen Edwards, MD, FAAP

It's Not the Uninsured, Stupid: Two Hurdles on the Track to Affordable Healthcare Coverage for All in North Carolina

Adam G. Searing, JD, MPH

INTRODUCTION

Policy Forum: *Covering the Uninsured*

More than 1.3 million North Carolinians have no health insurance, and these numbers are growing more rapidly in our state than in other states. As a result, the overall health of North Carolina suffers—the uninsured experience poorer health and miss more days of work and school; our healthcare institutions face financial strain; and those with insurance pay higher health insurance premiums as costs are shifted. Who are these people—the uninsured? Some may be surprised to learn that 78% of them work full-time jobs or live in a family where at least one person has a full-time job. Not surprising is that many people without insurance have incomes below 200% of the federal poverty guidelines.

To address this problem, the North Carolina Institute of Medicine, in collaboration with the North Carolina Department of Health and Human Services (NC DHHS), the North Carolina Department of Insurance, and the Cecil G. Sheps Center for Health Services Research at the University of North Carolina at Chapel Hill, convened a Task Force to study options that would expand health insurance coverage to more North Carolinians. They released their report and recommendations in April 2006. In this issue of the Journal, we highlight some of Task Force's work and provide further discussion through commentaries written by some of the Task Force members and other stakeholders.

The commentaries examine issues faced by: small employers providing health insurance coverage; physicians, dentists, and hospitals providing care to the uninsured, and state government officials who regulate the insurance industry and provide public health insurance via Medicaid. We also include discussions on why healthcare costs are increasing, strategies for controlling these costs, strategies for promoting legislative change, policy options for small employers and high-risk pools, and how the problem of lack of insurance manifests itself among our state's growing Latino population.

The Task Force was chaired by Carmen Hooker Odom, Secretary of the NC DHHS, and Thomas Lambeth, former Executive Director of the Z. Smith Reynolds Foundation. Under their leadership, the Task Force realized it could not develop a plan that would provide coverage for all who needed it, but believed a multi-pronged approach could be developed to help large numbers of the uninsured. They were further guided by the belief that everyone in North Carolina will benefit if more people have health insurance coverage. As more people gain health insurance coverage, they also gain needed access to healthcare and better health. Having healthier citizens in our state will lead to lower healthcare costs and insurance premiums, higher worker productivity, better school attendance, financially more secure healthcare institutions, and, ultimately, a stronger economic future. Ideally, all North Carolinians should have health insurance that meets their basic healthcare needs, but until this is possible, the recommendations found in the Task Force report would help expand coverage to thousands.

We hope this issue of the Journal helps bring greater understanding to a complex and painful problem for our state. North Carolina is fortunate to have a group of stakeholders willing to work together toward a solution. The collaborative efforts of this Task Force increase the likelihood for change and provide hope for new policy and a healthier North Carolina.

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