

ACCESS TO HEALTH COVERAGE

POSITION

The American Nurses Association (ANA) is committed to comprehensive health care reform that will ensure universal access to health care (preferably through a single-payer system). ANA also continues to support progressive, incremental steps to cover the millions of Americans who lack health care coverage and to oppose efforts to exempt new insurance pools such as association health plans (AHPs) from state insurance laws and regulations.

BACKGROUND

The U.S. system of private, employer-based health insurance has served a crucial role in expanding the availability of health care coverage and ensuring a stable financial base for the health care system. However, this system has never reached all Americans, nor was it designed to provide coverage for all. The Medicare and Medicaid programs were enacted in 1965 to fill two of the most gaping holes in the system by providing coverage for those over 65 (and later, the permanently disabled) and for a large segment of the poor.

Since 1994, when efforts at comprehensive health care reform were defeated, a number of notable efforts have been made to increase health care access for specific target populations, including the Health Insurance Portability and Accountability Act (HIPAA) and the State Children's Health Insurance Program (S-CHIP). ANA has supported efforts to increase access to quality health care, even when they are limited to a specific population and not intended to be comprehensive in scope.

However, ANA opposes and remains deeply concerned about efforts to expand coverage by creating new categories of insurance plans that are exempt from state mandated health insurance requirements. Proposals taking this approach, such as AHPs, would pre-empt important protections provided by state laws and regulation that guarantee a minimal level of coverage. They ensure that plans cover services such as maternity care, cancer screenings, mental health services, and home health care. By removing coverage for cost-effective primary and preventative care benefits such as well-child care, this pre-emption could drive up the cost of health care. ANA is particularly concerned that these AHPs would be exempt from state laws that guarantee access to advanced practice registered nurses (APRNs) such as nurse midwives, nurse practitioners, and clinical nurse specialists.

As of December 2005, at least 32 states required insurance coverage of services provided by nurse practitioners, 30 states required coverage for nurse midwives. This guaranteed coverage can be especially vital to individuals in underserved rural or urban areas where

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APRNs represent key access to primary care. ANA believes that AHP-type plans would do little to cover the uninsured and are not an acceptable answer to the very real access and affordability concerns facing small businesses and their employees.

ANA has developed a proposal based on improving the Medicare program and expanding it into a program of health care coverage for all Americans. This proposal for a universal Medicare system would take the best of Medicare—a social health insurance program that has succeeded in providing coverage to virtually all elderly and disabled Americans for 40 years—and use it as the basis for a comprehensive, seamless program to ensure that every American citizen or resident has access to needed health care benefits.

RATIONALE

The number of uninsured Americans remains unacceptably high, at nearly 43 million people, or 15 percent of the U.S. population. Too many Americans are simply not reached by employer-based insurance, private plans, or existing public programs. They include those who work for employers that do not provide health benefits, part-time or seasonal workers in positions that do not offer benefits, the self-employed, families who do not qualify for Medicaid, and people for whom coverage is available but who cannot afford to pay the premiums.

The uninsured experience worse health and die sooner as compared to individuals who are covered by health insurance. The Institute of Medicine reports that lack of insurance at the community level is associated with financial instability for health care providers and institutions, reduced hospital services and capacity, and significant cuts in public health programs, all of which impact access to certain types of care for all residents, even those who have coverage. ☺