

Anthony Matthew Hopper
Georgetown University
NCHE Essay Contest

Keeping 55 to 64 Year-Olds Healthy: A Significant Healthcare Challenge

Anyone who reads newspapers or watches the nightly news on a routine basis cannot help but notice the myriad number of healthcare issues which beset the United States; they run the gamut from political controversies surrounding aspects of the *Patient Protection and Affordable Care Act* to conflicts between third-party insurers and providers over medical costs. However, the most significant healthcare challenge facing the U.S. over the next few years garners little attention from the public.

It centers on what to do about the large percentage of Americans, aged 55-64, who are either uninsured or underinsured. A significant number of these individuals, representing the oldest of the Baby Boomers, are foregoing necessary treatment for chronic conditions because they lack the money to pay for these medical services. If the situation does not change soon, they will end up hurting the American economy via increased, acute care costs and due to lost productivity. The U.S. can ameliorate these concerns if state governments move to insure these people under Medicaid or if federal and private agencies increase education and funding for the nation's free clinic system.

During late middle age, from about 50-64, men and women begin to develop chronic health conditions, such as diabetes, high blood pressure, and asthma. According to a report from the AARP, seventy percent of them "...report having been diagnosed with one or more chronic health conditions..." ("Healthcare Reform," 2010, 3). Most of these individuals can control these conditions via drug therapy and through close interaction with their primary care doctors. By taking these steps, they can remain relatively active well into old age, while at the same time forestalling more serious and costly diseases, such as cardiovascular disease, stroke, and sarcopenia (Fireman, Bartlett, & Selby, 2004, 71-74; AHRQ, 2002, 1-5). However, large numbers of Americans, aged 55 to 64, forego these needed treatments due to financial concerns.

Millions of Americans aged 55-64 do not have any health insurance; more worrisome, the number of uninsured Americans in this age cohort has increased significantly since 2000 ("Healthcare Reform," 2010, 7). Most of these men and women are unable to obtain insurance due to the financial costs of these policies or because third-party payers consider them too risky to insure ("Health Care Reform," 2010, 5). In addition to people in this age group who are uninsured, millions of Americans aged 55 to 64 do not have adequate insurance coverage. They are forced to pay a significant amount of out-of-pocket expenses for needed healthcare services (Schoen et. al, 2008, 302-303, 298-305). The federal government's new healthcare legislation will eventually offer coverage to these individuals through healthcare exchanges and via Medicaid. However, most of these statutes do not go into effect until 2014 (Congressional Research Services, 2010, 197-204).

Insurance coverage (or lack thereof) would not be an issue if all Americans between the ages of 55 and 64 had sizeable, monetary reserves. However, a large percentage of this population is considered poor; 22% have incomes which do not exceed 200% of the poverty level. Of this group, about 9% live at or near the poverty level. Many of these people do not have enough money to pay for their food, clothing, and housing, much less to afford needed drugs and doctor visits (Johnson & Wilson, 2010, 2-5; Johnson, Mommmaerts, & Park, 2010). While it is unclear exactly what percentage of older adults are foregoing recommended medical treatment due to financial and insurance concerns; the number is probably large ("Health Care Reform", 2010, 1-8; Schoen et. al, 2008, 298-309).

Over the next three years, these issues will impact the U.S. economy by reducing the productivity of its workforce, as many older Americans will miss work time to deal with acute health issues that derive from their lack of medical treatment. Also, many healthy Americans will have to take time off to care for

a 55-64 year old who is suffering from a chronic disease. These workforce issues will cost companies billions of dollars per year (Davis et. al, 2005, 1-5). Additionally, the nation will have to spend significant amounts of money to treat these individuals when their untreated chronic conditions lead to more serious diseases, requiring emergency room treatment or hospitalization (CDC, 2009, 1-2; Bodenheimer & Grumbach, 2005, 24-25). Perhaps more importantly, Americans will have to shoulder the added costs for this age cohort for the next two to three decades, given current human life spans. This issue is a critical one given that healthcare costs in the United States were roughly \$2.5 trillion in 2009 and "...account[ed] for 17.6% of GDP" ("Trends," 2009).

Given the current budgetary issues facing most states and the federal government, as well as the financial concerns that beset many middle-class Americans, it might be difficult to fund new initiatives to ameliorate the issue of uninsured and underinsured people aged 55-64. Even given these limitations, the states have the right to extend Medicaid funding "...to individuals under age 65 who are not entitled to or enrolled in Medicare and have incomes below 133% of the federal poverty line." If states undertook this action, they would shoulder some of the costs of extending Medicaid, but they would currently be able to offer coverage to millions of American men and women who, for one reason or another, were not eligible for coverage under the old Medicaid program (Congressional Research Services, 2009, 207). The federal government as well as private agencies could work to educate Americans, aged 55-64, about the benefits of the free clinic system. These health agencies can provide cash-strapped older people with some basic health services, such as screenings, free of charge or at reduced prices (National Association of Free Clinics, 2010).

Currently, millions of Americans aged 55-64 have difficulties procuring needed medical care due to financial concerns. This issue is especially important given that most of these people have chronic conditions that, if left untreated, will lead to serious health issues, costing U.S. taxpayers and employers billions of dollars in unnecessary expenses. The United States can do something about this issue if states are willing to expand Medicaid or if private and public interests are willing to better educate older Americans about the benefits of the free clinic system.

References

- Agency for Healthcare Research and Quality (2002, April). Preventing Disability in the Elderly with Chronic Disease [Issue #3]. *U.S. Department of Health and Human Services*, 1-6. Retrieved from: <http://www.ahrq.gov/research/elderdis.pdf>.
- Bondenheimer, T. & Grumbach, K. (2005). *Understanding Health Policy: A Clinical Approach*. New York: McGraw Hill, pgs. 193-197.
- Centers for Disease Control (2009). Chronic Diseases: The Power to Prevent; the Call to Control, 2-4. Retrieved from: <http://www.cdc.gov/chronicdisease/resources/publications/AAG/chronic.htm>.
- Congressional Research Services (2009, December). Patient Protection and Affordable Care Act [Summary], in Staff of the *Washington Post* (2010). *Landmark: The Inside Story of America's New Health-Care Law and What It Means for Us All*. New York: Public Affairs.
- Davis, K., Collins, S., Doty, M. M., Ho, A., & Holmgren, A. (2005, August). Health and Productivity Among U.S. Workers [Issue Brief]. *The Commonwealth Fund*, 1-10. Retrieved from: http://mobile.commonwealthfund.org/~media/Files/Publications/Issue%20Brief/2005/Aug/Health%20and%20Productivity%20Among%20U%20S%20Workers/856_Davis_hlt_productivity_%20pdf.pdf.
- Fireman, B., Bartlett, J., & Selby, J. (2004). Can Disease Management Reduce Health Care Costs by Improving Quality? *Health Affairs* 23(6), 63-75. Retrieved from: <http://content.healthaffairs.org/cgi/reprint/23/6/63>.
- Johnson, K., & Wilson, K. (2010). A Look at Issues Facing Older Adults Ages 55 to 64. *National Council on Aging*, 2-14. Retrieved from: http://www.ncoa.org/assets/files/pdf/Economic-Security-Trends-for-Older-Adults-55-to-65_Supplement_March-2010.pdf.
- Health Care Reform: What's At Stake for 50 to 64 Year Olds? (2010). *AARP Public Policy Institute*, 1-13. Retrieved from: http://assets.aarp.org/rgcenter/health/i24_hcr.pdf.
- Johnson, R. W., Mommaerts, C., & Park, J. (2010, October). Unemployment Statistics on Older Americans. *Urban Institute Program on Retirement Policy*. Retrieved from: http://www.urban.org/uploadedpdf/411904_unemploymentstatistics.pdf.
- National Association of Free Clinics [website] (2010). Retrieved from: <http://www.freeclinics.us/membersbenefits.php>.
- Schoen, C., Collins, S. R., Kriss, J. L., & Doty, M. (2008). How Many Uninsured? Trends Among U.S. Adults, 2003 and 2007 [Web Exclusive]. *Health Affairs* 27, w298-w309. Doi: 10.1377/hlthaff.27.4.w298.
- Trends in Health Care Costs and Spending [Brief] (2009, March). *Kaiser Family Foundation*. Retrieved from: http://www.kff.org/insurance/upload/7692_02.pdf.