

# Health insurance reform—beware of the general solution for the specific problem

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I am concerned about the direction of the current debate on the reform of our health-care system in the US. While this may seem like a purely American problem it is not, because part of the debate involves looking outside of the US. This year, the American Cancer Society has made access to health care a central issue in their advertising campaign, because they are concerned that lack of proper care may impede the Society's ability to achieve its 2015 goals of reducing cancer mortality. We need improvements in access to care so that patients can take advantage of the increasingly effective methods available to prevent, diagnose and treat their cancers, paid for by the tax funds allocated to the nation's 'War on Cancer'. Improving such access will require more than a strategy aimed at those who are uninsured.

What concerns me the most is that the debate centers on the fact that "47 million Americans are uninsured", or "without insurance whatsoever" as if this population was one homogeneous group that will lend itself to a single plan to provide access to care for everyone. When I look at the source data from the Current Population Survey conducted by the Census Bureau I see multiple different groups among that 47 million. Each group may require a different solution to improve their access to health care, and each of these strategies must be implemented without harming the coverage millions of other Americans already have. This is the kind of approach we should be looking for and asking candidates to provide.

So, let's take a look at a rough breakout of the 47 million statistics. First, 12.7 million (27%) of the 47 million are uninsured for only

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a part of the year in which they are counted, and are, therefore, ultimately insured. This is an issue of portability of health insurance. Second, around 10.34 million (22%) of the 47 million are listed as "not American citizens". Surely the solution for this group has more to do with immigration reform than reform of the health-care system? Third, 19% constitute a group of roughly 9 million people, half of whom earn \$50–75,000 a year while the other half earn more than \$75,000 a year. Many of these individuals are healthy young people who can afford insurance but choose not to buy it. Fourth, a group of about 8 million people (17% of the 47 million) are actually eligible for health insurance under a variety of existing plans but don't take advantage of them, sometimes owing to ignorance. The lack of insurance in this group is surely a problem of patient education. Finally, 15% make up a fifth group of approximately 7 million people who might actually represent the true "uninsured" or those "without insurance whatsoever". This situation is certainly a tragedy for a country as rich as the US. When the 47 million uninsured figure is quoted it implies that all of these individuals represent the fifth group of uninsured individuals, which seems incorrect. It also implies that fixing the problem of the uninsured will fix the problem of access to care when, in reality, they are two separate issues.

When I was in the government we had a saying that when faced with a difficult issue, the government tended to apply "the general solution for the specific problem". Our health-care system is too good and too big a driver of our economy to let general solutions be applied to specific problems in health-care coverage.