

GAO

Fact Sheet for the Chairman, Committee
on Finance, U.S. Senate

February 1989

HEALTH INSURANCE

Bibliography of Studies on Health Benefits for the Uninsured



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Human Resources Division

B-232117

February 24, 1989

The Honorable Lloyd Bentsen
Chairman, Committee on Finance
United States Senate

Dear Mr. Chairman:

This fact sheet is in response to your March 1988 request for an annotated bibliography of studies concerning health benefits for the uninsured. Appendix I contains an alphabetized bibliography with abstracts of 62 literature citations on this issue, and appendix II contains a subject index for the bibliography referenced to the citations in appendix I.

To compile this bibliography, we researched computerized data bases covering the uninsured, including the National Technical Information Service (NTIS), the American Statistics Index (ASI), and the Congressional Information Service (CIS). Keywords and phrases used to locate the citations include: health, health insurance, health benefits, employment, and uninsured.

The cited literature includes books, journal articles, and research reports published between 1980 and 1988.

As agreed with your office, unless you publicly announce its contents earlier, we plan no further distribution of this fact sheet until 30 days after its issue date. At that time, we will send copies to other interested parties and make copies available to others on request. The major contributors to this fact sheet are listed in appendix III.

Sincerely yours,



Michael Zimmerman
Director, Medicare and Medicaid Issues

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Abbreviations

ASI	American Statistics Index
CIS	Congressional Information Service
GAO	General Accounting Office
NTIS	National Technical Information Service

Bibliography With Abstracts

1. American Hospital Association's Special Committee on Care for the Indigent. Cost and Compassion: Recommendations for Avoiding a Crisis in Care for the Medically Indigent. Chicago: American Hospital Association, 1986.

Makes recommendations for avoiding a crisis in care for the medically indigent. Recommends (1) reducing the size of the medically indigent population through private health insurance and (2) restructuring and extending public programs to finance care for the medically indigent who are unable to obtain private insurance. Further recommends that the federal government strengthen tax incentives that encourage adequate private insurance and neither reduce the level of federal funding available to state Medicaid programs nor allow states to reduce entitlements under Medicaid.

2. American Public Welfare Association. "Bibliography on Medically Indigent/Uncompensated Care," Medicaid Information and Assistance Project Resource Directory. Washington, D.C.: April 1988, II/63-70.

Contains 20 abstracts of articles, books, and reports on the medically indigent and uncompensated care.

3. Bass, Kristin, and Helen Darling. Addressing Problems of Uncovered Individuals and Uncompensated Care: A Preliminary Report on Selected Interviews. Washington, D.C.: The Government Research Corporation, April 4, 1986.

Discusses uninsured individuals and uncompensated care and the current status of proposed federal solutions based on (1) interviews with congressional staff members who have responsibility for health policy and are interested in related issues; (2) reviews of articles and books; and (3) work done by task forces, groups, and organizations. Contains a matrix detailing the works of various groups.

4. Bazzoli, Gloria J. "Health Care for the Indigent: Overview of Critical Issues." HSR: Health Services Research, 21 (Aug. 1986), 353-93.

Discusses the size and characteristics of the medically indigent population; describes the federal, state, and local programs that seek to provide or finance health care for the disadvantaged; provides information on the extent, source, and distribution of charity care; and discusses the impact of the changing health care system on indigent care.

5. Berki, S. E., and others. "Health Insurance Coverage of the Unemployed." Medical Care, 23 (July 1985), 847-54.

Reports that among the unemployed in Greater Detroit in 1983, 51 percent of those interviewed had no health insurance. Seventy-eight percent of the unemployed without health insurance lost it as a result of having lost their job. Lack of insurance was directly related to length of unemployment. For example, of those unemployed 3 months or less, 31 percent had no insurance, as compared to 56 percent of those unemployed more than 3 years. The unemployed without insurance were predominantly young, white, male, high school graduates, and the principal wage earners in their family.

6. Blendon, Robert, and others. "Health Insurance for the Unemployed and Uninsured." National Journal, 15 (May 28, 1983), 1146-49.

Reports that 21 to 27 million Americans lack health insurance. Of these, 5.5 to 7 million are unemployed, 3.5 to 4.5 million are not in the work force, and 12 to 15.5 million are employed. Also reports that the government has three choices in responding to the uninsured: (1) enact a comprehensive national health insurance program; (2) take no public action, thus leaving the situation unresolved; or (3) expand existing programs to cover all or part of the uninsured.

7. Bovbjerg, Randall R. "Insuring the Uninsured Through Private Action: Ideas and Initiatives." Inquiry, 23 (Winter 1986), 403-18.

Maintains that private initiatives and innovations in insurance practice can help make insurance coverage available to the uninsured, with minimal state and local assistance. States that the keys to increasing health coverage for the uninsured are (1) more insurance pooling, (2) different insurance policies, and (3) more private subsidies plus information to encourage voluntary enrollment.

8. Bovbjerg, Randall R., and Christopher F. Koller. "State Health Insurance Pools: Current Performance, Future Prospects." Inquiry, 23 (Summer 1986), 111-21.

Discusses the history, structure, and problems of state health insurance pools. Notes that the first insurance pools were implemented in 1976 in Connecticut and Minnesota to insure those who have unfavorable health histories, have chronic conditions or disabilities, and have been rejected

for standard coverage at standard rates. Indicates that the main problems with pools are low enrollment and high costs.

9. Brown, E. Richard, and others. Changes in Health Insurance Coverage of Californians, 1979-1986. Berkeley, Calif.: California Policy Seminar, 1988.

Discusses changes in health insurance coverage of the California population between 1979 and 1986, using data from the Bureau of the Census' Current Population Surveys. Reports that the number of uninsured Californians increased from 3.5 million in 1979 to 5.1 million in 1986. Also discusses why lack of insurance is a problem, how public spending for the medically indigent has decreased, and the need for action by the public policy makers.

10. Chollet, Deborah. Uninsured in the United States: The Nonelderly Without Health Insurance. Employee Benefit Research Institute, T-51, Washington, D.C.: March 4, 1987.

Defines the uninsured population and its economic status. Contains numerous charts and tables with information about the uninsured, including work status, family income, poverty and family status, employment status of family head, and nonelderly uninsured by region and state.

11. Danzon, Patricia, and Frank A. Sloan. Covering the Uninsured: How Much Would It Cost? Nashville: Vanderbilt Institute for Public Policy Studies, December 1986.

Provides estimates of the number of uninsured persons; discusses what the states are doing about the uninsured and uncompensated care; offers major policy options for dealing with the uninsured, such as expanding Medicaid eligibility and mandatory employment-based coverage; and discusses the financial implications of the major options.

12. Davis, Karen, and Diane Rowland. "Uninsured and Underserved: Inequities in Health Care in the United States." Milbank Memorial Fund Quarterly/Health and Society, 61 (1983), 149-76.

Presents information on the number and characteristics of the uninsured, describes utilization of health services by the uninsured, assesses the policy implications of being uninsured, and makes recommendations for future public policy to ensure access to health care for all.

13. Desonia, Randolph, and Kathleen King. State Programs of Assistance for the Medically Indigent. Intergovernmental Health Policy Project. Washington, D.C.: November 1985.

Provides an overview of the medically indigent population, identifies and summarizes the major state policies and programs designed to improve access to health care for the medically indigent, and describes and summarizes some of the national and state studies that identify and describe the medically indigent population.

14. Desonia, Randolph, and John Luehrs. Addressing Health Care for the Indigent: State Initiatives 1985. National Governors' Association, Intergovernmental Health Policy Project. Washington, D.C.: November 1985.

Describes major initiatives taken by states in 1985 to address and alleviate the indigent care problem. Summarizes national and state studies that identify and describe the medically indigent population.

15. Employee Benefit Research Institute. "A Profile of the Nonelderly Population Without Health Insurance." Issue Brief. 66 (May 1987), ISSN: 0887-137X.

Details the economic, demographic, employment, and family characteristics of the under-65 uninsured population, and identifies factors affecting the availability of health insurance coverage from public and private sources. Notes that although most of the nonelderly population are covered by employer-based health insurance, the rising number of people lacking coverage from any source poses a difficult public policy dilemma.

16. Employee Benefit Research Institute. "Public Policy Options to Expand Health Insurance Coverage Among the Nonelderly Population." Issue Brief. 67 (June 1987), ISSN: 0887-137X.

Notes that federal lawmakers seeking ways to improve access to health care for the uninsured population under age 65 are examining public policy options that would broaden health insurance coverage in any of three ways: (1) encouraging individuals to buy coverage, (2) expanding employer-based coverage, and (3) expanding Medicaid eligibility. Examines these options in terms of their potential effectiveness in reducing the uninsured population and estimates the number of uninsured people that might have been covered under the various options in 1985.

17. Enthoven, Alain C. Health Plan: The Only Practical Solution to the Soaring Cost of Medical Care. Massachusetts: Addison-Wesley Publishing Company, 1980.

Discusses how and why health care costs are increasing, thereby straining the federal, state, and local governments' budgets. Also discusses how these costs can be brought under control without decreasing the quality of care. Notes that the present health care system dominated by cost-increasing incentives should be changed to a system in which providers are rewarded for finding ways to give better care at less cost. Describes how such a system would work, and proposes and discusses universal health insurance based on economic incentives and fair competition.

18. Feder, Judith, and others. "Poor People and Poor Hospitals: Implications for Public Policy." Journal of Health Politics, Policy and Law, 9 (Summer 1984), 237-50.

Examines the financial situation of the hospitals heavily involved in serving the poor, using data from a 1980 survey of nonfederal, non-profit hospitals. Indicates that insufficient revenues, not inefficiency or underuse, create financial problems for these hospitals. Assesses several policies that could be adopted to alleviate this financial pressure and sustain care to the poor.

19. Feder, Judith, and Jack Hadley. "The Economically Unattractive Patient: Who Cares?" New York Academy of Medicine Bulletin, 61 (Jan.-Feb. 1985), 68-74.

Discusses who provides medical care to the uninsured, how changes in the structure of the health care industry affect charity care, and what can be done about the uninsured.

20. Fuchs, Beth C. "Mandated Employer Provided Health Insurance." U.S. Library of Congress: Congressional Research Service, Issue Brief, IB87168. Washington, D.C.: updated October 8, 1987.

Provides background information on the uninsured population and the move toward mandated health benefits. Discusses issues related to mandating employer-provided health insurance, the history of federal employer mandates, and the types of mandated coverage proposals.

21. Gage, Larry S., and others. America's Health Safety Net: A Report on the Situation of Public Hospitals in Our Nation's Metropolitan Areas. National Association of Public Hospitals. Washington, D.C.: October 1, 1987.

Provides an overview of the history of America's health safety net; sets out the size, scope, and major characteristics of our nation's outstanding public safety net hospitals. Provides background information on the indigent, uninsured, and disabled individuals who comprise a significant part of the patient population of these hospitals. Discusses the particular problems posed for safety net hospitals and America's health system by the AIDS epidemic. Describes some particular problems that have resulted from increased pressure on private hospitals to transfer the medically indigent. Summarizes important federal and state legislative and regulatory accomplishments of the last several years that have assisted safety net hospitals in carrying out their missions. Outlines a number of present and future survival strategies for safety net hospitals and their patients.

22. Health Care Conference for the Media. The Uninsured: Facing the Problem, Health Insurance Association of America, Washington, D.C.: August 14, 1987.

Discusses the uninsured—how many there are, who they are, and what can be done to provide health insurance coverage for them. Estimates that there are between 35 and 37 million uninsured persons, including those who are employed. Suggests (1) allowing proprietors to deduct the cost of their insurance premiums for tax purposes and (2) expanding the Medicaid program.

23. Himmelstein, David U., and others. "Patient Transfers: Medical Practice as Social Triage." American Journal of Public Health; 74 (May 1984), 494-97.

Reports that patients transferred from private hospitals to a public hospital emergency room were predominantly male, young, and uninsured and included many minority group members.

24. Institute for Research on the Economics of Taxation (IRET). Mandating Health Insurance. Washington, D.C.: July 8, 1987.

Discusses the proposed Minimum Health Benefits for All Workers Act of 1987; its implications for employers, workers, and insurers; and its

effect on labor compensation, federal revenues, and the overall economy.

25. Laudicina, Susan S. "The Risk Pool Strategy: Comprehensive Health Insurance Associations." In Focus On. Intergovernmental Health Policy Project. Washington, D.C.: February 1988.

Examines the track record of comprehensive health insurance associations, or risk pools, designed primarily to help people who can afford to buy insurance but are unable to do so because a previous medical condition makes them a "bad risk." Discusses the basic design of risk pools and their benefits structure, eligibility standards, participants, enrollment growth, and costs. Also discusses the successes, shortcomings, and unintended side effects of risk pools.

26. Lewin/ICF. District of Columbia Hospital Association's Prospective Uninsured Patient Survey. Washington, D.C.: August 1988.

Discusses a survey to gather information on (1) the health needs of uninsured patients, (2) their income and employment, (3) their primary source of primary care, and (4) the extent to which hospital admissions for some of them might be avoided with improved outpatient access and/or patient compliance. Indicates that about 110,000, or 21 percent, of residents of the District of Columbia lack health insurance. As a result, they frequently seek and obtain health care in hospitals and hospital emergency rooms, mainly because they have limited access to primary health services.

27. Markus, Glenn. "Health Benefits: Loss Due to Unemployment." U.S. Library of Congress, Congressional Research Service, Issue Brief, IB83050. Washington, D.C.: updated June 1, 1984.

Discusses health insurance coverage and the workplace, loss of health benefits due to unemployment, previous studies of health benefits loss due to unemployment, and the status of legislation that has been introduced in the Congress related to the loss of health benefits because of unemployment.

28. Monheit, Alan C., and others. "The Employed Uninsured and the Role of Public Policy." Inquiry, 22 (Winter 1985), 348-64.

Examines the circumstances and characteristics of the employed uninsured, including their opportunity to obtain health insurance fringe benefits, their medical care use and expenditures, and the benefits available in private insurance that is not work related. The article also discusses alternative public policy responses to the problem of the lack of health insurance.

29. Monheit, Alan C., and others. National Health Care Expenditure Study: Unemployment, Health Insurance and Medical Care Utilization. National Center for Health Services Research and Health Care Technology Assessment, U.S. Department of Health and Human Services, DIC/AMNE5YA2. Washington, D.C.: November 3, 1983.

Discusses the health insurance status of the unemployed, the characteristics of those who retain or lose coverage, the manner in which health insurance is retained, the behavior of medical care expenditures, and the use of medical care services by the unemployed. Notes that the National Medical Care Expenditure Survey found that a relatively small proportion of the unemployed—8 percent in 1977 and 13 percent in 1982—lost health insurance and that unemployed workers did not experience a decline in medical care use, either in comparison to employed workers or to periods in which they were employed. Reports that lack of insurance throughout the year appears to be a serious problem that affects both the employed and the unemployed.

30. Monheit, Alan C. Some Lessons Learned From Survey Research on the Uninsured: Implications for Public Policy. National Center for Health Services Research and Health Care Technology Assessment, U.S. Department of Health and Human Services, DIC/AMN25YAPHA, Washington, D.C.: November 19, 1985.

Reviews findings from a number of survey data sets with particular emphasis on the following five points: (1) estimates of the size of the uninsured population crucially depend on the time frame used; (2) employment status can be a misleading indicator of health insurance status; (3) unemployment can result in the loss of health insurance coverage, but most unemployed workers remain insured; (4) although the economic circumstances of the uninsured vary, an increasing majority of the uninsured are poor or have low incomes; (5) uninsured persons use fewer health services than the insured, even after controlling for health status. Discusses public policy initiatives for the uninsured.

31. Mulstein, Suzanne. "The Uninsured and the Financing of Uncompensated Care: Scope, Costs, and Policy Options." Inquiry, 21 (Fall 1984), 214-29.

Explores policy makers' concern that future marketplace pressures will challenge hospitals' willingness and ability to provide free care to the poor by looking at the characteristics and magnitude of the uninsured population, the cost of bad debt and charity care, and the distribution of those among hospitals and among third-party payers. Discusses the strengths and weaknesses of four broad policy approaches directed at assuring access to care.

32. Munnell, Alicia H. "Ensuring Entitlement to Health Care Services." New England Economic Review, 7 (Nov./Dec. 1985), 30-40.

Summarizes available data on the magnitude and characteristics of the uninsured. Highlights the problems that the lack of universal coverage creates for the individual and for the health care system. Reviews developments in the political arena and in the health care system that will affect the access to care of uninsured people in the future. Focuses on some potential solutions to the coverage problem.

33. National Governors' Association, The American Medical Care and Review Association. Report of a National Conference on Competition and the Needs of the Medically Disadvantaged. Washington, D.C.: January 16, 1985.

Describes the results of a conference that brought together congressional, state, and private health leaders to examine the impact of increasing competition in the health industry on the provision of health services to the poor and uninsured in America. Addresses such questions as whether, and how, the marketplace and alternate delivery systems can respond effectively to the health needs of the medically disadvantaged; whether government and private leadership can find solutions to the issue of providing uncompensated services to those in need; and what measures the government and the private sector must take if the poor and uninsured are not to be disenfranchised from the American health care system.

34. New York State Council on Health Care Financing. Report of the Subcommittee on Health Insurance: Policy Options for the Uninsured in New York State. Albany: January 1988.

Provides information on the number and characteristics of the uninsured population and their utilization patterns. Identifies structural forces that influence coverage and health care systems, such as income and family structure. Describes New York's health care financing system. Discusses several issues, such as voluntary versus mandatory participation, that are important in developing insurance coverage strategies. Also discusses strategies and policy options to help the uninsured in New York. Makes recommendations to ensure that the uninsured population has access to health care.

35. Ohsfeldt, Robert L. "Uncompensated Medical Services Provided by Physicians and Hospitals." Medical Care, 23 (Dec. 1985), 1338-44.

Examines the magnitude of uncompensated medical services provided by physicians and hospitals in 1982 as well as variations in uncompensated care among different types of physicians and hospitals. Reports that the data, which are from surveys conducted by the American Medical Association and the American Hospital Association, indicate that both physicians and hospitals provide significant amounts of uncompensated medical care. Notes that although the distribution of uncompensated care among different types of physicians tends to be reasonably even, in most cases, the bulk of uncompensated care delivered by hospitals is delivered by public hospitals, with private hospitals (both voluntary and for-profit) delivering relatively less. Discusses the implications of changes in the economic environment of medicine for uncompensated medical care.

36. Report of the Task Force on Academic Health Centers. "Health Care for the Poor and Uninsured." In Prescription for Change. New York: The Commonwealth Fund (Oct. 1985), II/1-59.

Identifies the significant role that teaching hospitals play and finds wide-ranging diversity among them in terms of amount of uncompensated care they provide. Indicates that the problem of uncompensated care threatens many major teaching hospitals and creates a real and growing problem for the access of the uninsured to needed medical care. The task force found that the problem of uncompensated care can only grow worse in a price-competitive system of medical care. Calls for concerted action—especially by government—to resolve the problem.

37. The Robert Wood Johnson Foundation. Special Report on Access to Health Care in the United States: Results of a 1986 Survey. Princeton, N.J.: 1987.

Discusses the results of a 1986 National Access Survey conducted by telephone in mid-1986. Provides important information on key health services indicators, such as whether people have a regular source of care and the number of annual ambulatory visits, as well as detailed information on the health care problems faced by population subgroups, particularly the poor and the uninsured. Notes that in the midst of dramatic changes in U.S. health care, Americans are generally satisfied with the health care they received. However, for those who traditionally have trouble obtaining care—the poor, minorities, and the uninsured—these changes have not improved access to services. For people in these disadvantaged groups who are in fair or poor health, access may even have declined since a similar survey in 1982.

38. Rogers, Sally J., and others. Hospitals and the Uninsured Poor: Measuring and Paying for Uncompensated Care. New York: United Hospital Fund of New York, 1985.

Provides information on uncompensated care from a research perspective. Discusses how states deal with uncompensated care and what the government is doing to help the uninsured poor.

39. Schiff, Robert L., and others. "Transfers to a Public Hospital: A Prospective Study of 467 Patients." The New England Journal of Medicine, 314 (Feb. 27, 1986), 552-57.

Provides information from a prospective study of medical and surgical patients transferred from private hospitals to a public general hospital. Reports that patients are transferred to public hospitals predominantly because they lack adequate medical insurance, in spite of the fact that many of them are in an unstable condition at the time of transfer.

40. Schuck, Peter H. "Designing Hospital Care Subsidies for the Poor." In Uncompensated Hospital Care: Rights and Responsibilities. Baltimore: The John Hopkins University Press, 1986, 72-93.

Discusses reasons for subsidizing hospital care for the poor and how these subsidies should be designed.

41. Short, Pamela F., and others. Outpatient Use of Hospitals by the Poor and Uninsured. National Center for Health Service, Research and Health Care Technology Assessment, U.S. Department of Health and Human Services, DIC/PFND5YA1, Rockville, Md.: December 18, 1986.

Reports that the poor and the uninsured rely on hospital outpatient departments and emergency rooms for their medical care. Also reports that there are distinct differences among the poor in their use of outpatient hospital services, depending on their insurance coverage, and smaller differences among the uninsured, depending on their income.

42. Sloan, Frank A., and others. "Identifying the Issues: A Statistical Profile." In Uncompensated Hospital Care: Rights and Responsibilities. Baltimore: The John Hopkins University Press, 1986, 16-53.

Provides a statistical overview of uncompensated hospital care from a national perspective, addressing such issues as how much uncompensated care hospitals provide and which type of hospitals provide disproportionate amounts of uncompensated care.

43. Sulvetta, Margaret B. Public Hospital Provision of Care to the Poor and Financial Status. Washington, D.C.: Center for Health Policy Studies, Georgetown University, January 1985.

Discusses the (1) extent to which public hospitals are providers of last resort for the poor; (2) relationship between the provision of care to the poor and hospital financial stress; and (3) differences in revenue sources, expenses, staffing, and service provision among hospitals that provide care to the poor. Relates these differences to the level of care to the poor and financial conditions. Also discusses the differences between hospitals that are financially sound and those that are not.

44. Sulvetta, Margaret B., and Katherine Swartz. The Uninsured and Uncompensated Care: A Chartbook. Washington, D.C.: National Health Policy Forum, June 1986.

Provides information on the characteristics of the uninsured population in the United States and on the providers of uncompensated hospital care. Presents the information in 23 charts with accompanying notes.

45. Sutterlin, Edith. Access to Health Care and Health Insurance: Bibliography-in-Brief, 1986-1987. U.S. Library of Congress: Congressional Research Service, Report No. 88-276. Washington, D.C.: January 1988.

Contains 48 abstracts of articles, issue briefs, and congressional hearings on access to care for the uninsured and on improving access to private health insurance through government-mandated employee benefits or other public policy options.

46. Swartz, Katherine. "Workers Needing Insurance: Who Are They?" Business and Health, 4 (Sept. 1987), 20-22.

Discusses who the workers without employer-group health insurance are in terms of age, income, and the parts of the economy in which they work. With this information, policy makers will have a better understanding of how employers would be affected by legislation mandating employer-provided health insurance.

47. U.S. Congress, House Committee on Small Business. Hearing on Health Insurance Coverage. May 6, 1987. (unpublished)

Examines the problem of providing health insurance for employees of small businesses. Looks at various options to encourage employer-sponsored health insurance. Provides data on the uninsured population. Examines the problems that small businesses face in providing health benefits coverage.

48. U.S. Congress, House Committee on Small Business. Hearings on Health Insurance Coverage. June 16 and 18, 1987. (unpublished)

Explores the various strategies in the public and private sectors to expand health insurance coverage, such as voluntary pooling arrangements, subsidized state risk pools, Medicaid buy-in arrangements, state subsidized vouchers or tax credits for the low-income uninsured, tax incentives, and creation of managed health care systems to reduce costs.

49. U.S. Congress, Senate Committee on Small Business. Hearing to Examine the Cost and Availability of Health Care Benefits for Small Businesses and Proposals for Federally Mandated Health Benefits. April 23, 1987.

Describes the characteristics of the uninsured population and of the small employers with health insurance. Discusses the importance of health care to small businesses, who should pay for health coverage, reasons for lack of coverage in small firms, the effects of mandating insurance coverage, alternatives to mandated coverage, and voluntary policy options that may increase coverage for the uninsured.

50. U.S. Department of Health and Human Services. "Coverage and Risk Patterns: The Working Age Population." In Catastrophic Illness Expenses. Washington, D.C.: 4 (Nov. 1986), 43-61.

Reviews the health care coverage and risk patterns of the working age population, including the uninsured. Discusses uncompensated care, describes who the uninsured are, highlights the health care expenditures for the uninsured, and addresses the issue of uncompensated care.

51. U.S. Department of Health and Human Services, National Council on Health Planning and Development. Proceedings of a Conference on Uncompensated Care in a Competitive Environment: Whose Problem Is It? Washington, D.C.: September 13-14, 1984.

Provides an overview of uncompensated care, discusses health care for the poor and uninsured, and highlights issues and strategies concerning uncompensated care from the perspectives of the providers and payers.

52. U.S. General Accounting Office. Health Care: Patient Transfers From Emergency Rooms to D.C. General Hospital. GAO/HRD-87-31. Washington, D.C.: April 30, 1987.

Discusses the transfer of patients from metropolitan area hospital emergency rooms to D.C. General Hospital. Indicates that one concern of many people has been that private hospitals may be “dumping” patients on public hospitals to escape having to treat people who may not have the financial means to pay for their care. Also indicates that over 80 percent of the transfers to D.C. General Hospital were made because the patients were unable to pay for the cost of their care. Such economic transfers, when made according to established procedures, are permitted given the hospital’s mandate to serve D.C. residents unable to pay for care.

53. U.S. General Accounting Office. Health Insurance: A Profile of the Uninsured in Ohio and the Nation. GAO/HRD-88-83. Washington, D.C.: August 30, 1988.

Provides data on the uninsured in the United States and Ohio. Contains an analysis of the Bureau of the Census’ Current Population Survey data, characteristics for distinguishing between the insured and the uninsured, cost and coverage data from Ohio insurers, and information on state and local programs providing care to the uninsured. Indicates that the number of uninsured increased nearly 13 percent between 1982 and 1985.

54. U.S. General Accounting Office. Health Insurance: An Overview of the Employed Uninsured. GAO/HRD-89-45. Washington, D.C.: February 1989.

Discusses the characteristics of the working uninsured, the kinds of employers that do not offer health insurance, and the reasons they give for not providing it. Also discusses where the uninsured obtain medical care, the types of bills they incur, and who pays those bills. Outlines the policy options available for providing health insurance to the working uninsured.

55. U.S. General Accounting Office. Health Insurance: Risk Pools for the Medically Uninsurable. GAO/HRD-88-66BR. Washington, D.C.: April 13, 1988.

Discusses characteristics of risk pool programs, enrollment and financial experience, enrollee characteristics, and whether the programs have met expectations.

56. U.S. General Accounting Office. Prenatal Care: Medicaid Recipients and Uninsured Women Obtain Insufficient Care. GAO/HRD-87-137. Washington, D.C.: September 30, 1987.

Discusses the extent to which Medicaid beneficiaries and uninsured women may be experiencing difficulties in obtaining access to prenatal care. Contains the results of interviews with 1,157 Medicaid-enrolled and uninsured women. Also discusses options for improving access to prenatal care.

57. U.S. General Accounting Office. Undocumented Aliens: Estimating the Cost of Their Uncompensated Hospital Care. GAO/PEMD-87-24BR. Washington, D.C.: September 16, 1987.

Discusses (1) health care reimbursement and undocumented aliens, (2) problems in estimating the number of undocumented aliens who receive uncompensated care and the associated costs, (3) an alternative indirect approach for use by hospitals in localities where few insured patients would meet Medicaid eligibility requirements and where it is not feasible to ask all patients for proof of immigration status, and (4) implications of the Immigration Reform and Control and the Omnibus Budget Reconciliation Acts of 1986 for the problem of uncompensated care provided to undocumented aliens and how to measure it.

58. U.S. Library of Congress, Congressional Research Service. Health Insurance and the Uninsured: Background Data and Analysis. Washington, D.C.: June 9, 1988.

Presents background information, data, and analysis on providing access to medical care for persons without health insurance; defines and explores basic concepts of health insurance; presents information on the history of health insurance for the past 60 years; describes the existing health insurance system with emphasis on typical employer-sponsored plans; discusses issues raised by federal and state government regulation of health insurance; describes characteristics of uninsured people, with special emphasis on income levels, ages, work histories, and family types; examines how much people spend out-of-pocket for medical care, even though they are covered by health insurance; discusses effects of the lack of health insurance on the uninsured, health providers, and payers; and reviews data on how health care for the uninsured is provided and financed.

59. Wilensky, Gail R. "Public, Private Sector Options to Cover Uninsured Workers." Business and Health, 4 (Jan. 1987), 42-43.

Discusses who the employed uninsured are, why they are uninsured, the options the public and private sectors can use to cover uninsured workers, and the advantages and disadvantages of these options.

60. Wilensky, Gail R. "Underwriting the Uninsured: Targeting Providers or Individuals. In Uncompensated Care: Rights and Responsibilities. Baltimore: The John Hopkins University Press, 1986, 148-66.

Assesses four specific options concerning uncompensated care: (1) do nothing—that is, continue forcing hospitals to finance uncompensated care implicitly by "cost shifting" to nongovernment patients or by consuming funds in reserves; (2) target providers—hospitals could be compensated directly by factoring the costs of uncompensated care into routine reimbursement for services, or indirectly by granting a lump sum determined by need and taken from a pool of funds; (3) target individuals—those likely to generate uncompensated care could be provided with catastrophic or some other type of insurance; and (4) make grants to states or local governments and allow them to develop programs appropriate to their particular circumstances.

61. Wilensky, Gail R., and others. The Uninsured and Their Use of Health Services. National Center for Health Services and Health Care

Technology Assessment, U.S. Department of Health and Human Services, Washington, D.C.: August 1981.

Discusses two issues: (1) estimates of the uninsured population and (2) the relationship between the lack of insurance coverage and utilization. Focuses on the characteristics of the population that was uninsured during all of 1977. Provides data comparing the uninsured population at various points during 1977.

62. Wilensky, Gail R. "Viable Strategies for Dealing with the Uninsured." Health Affairs, 6 (Spring 1987), 33-46.

Summarizes information on the (1) number of uninsured and their characteristics and (2) amount and distribution of uncompensated care and its consequences. Outlines strategies that could be used to reduce the number of uninsured people.

Index of Selected Topics, by Abstract Number

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