

ECONOMY

When Cutting Access to Health Care, There's a Price to Pay

Eduardo Porter

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Senators, the United States is a sick country.

Four years ago, a panel of experts convened by the Institute of Medicine and the National Research Council set out to assess the nation's health compared with that of 16 other rich nations. Americans, they found, had the second-highest mortality from noncommunicable conditions — like diabetes, heart disease or violence — and the fourth highest from infectious disease. In terms of infant and maternal mortality, Americans are the worst off.

From adolescence to adulthood to old age, the chances of dying an early death are higher in the United States than in any of the other 16 countries. A 15-year-old American girl has a 1 in 25 chance of dying before she turns 50, twice the risk found in the comparison group.

And early death is hardly surprising, since Americans lead a pretty sickly life. Teenagers and young adults report higher rates of obesity, chronic illness, sexually transmitted infections, mental illness and injuries than in peer countries, according to the report. Americans in their 50s have higher rates of heart disease, stroke, diabetes, hypertension and obesity.

The figures also reflect a toll in the workplace. The United States ranks in the bottom fourth among the 30 industrialized nations in the Organization for Economic Cooperation and Development in terms of days lost to disability: Women will lose 362 days between birth and their 60th birthday; men about 336. Mental health problems like depression will account for most.

And the American deficit has been getting worse. “Each year, other high-income countries are improving their health at a much faster rate than the United States, and the United States currently ranks lowest on a variety of health measures,” the report by the Institute of Medicine and the National Research Council noted.

I bring this up, senators, because you are considering a bill that would drive a stake through the Affordable Care Act. As you mull the legislation over your holiday recess, think about the consequences of cutting access to care for millions of mostly poorer, sicker and older Americans.

Of course, the dismal health situation is not all the fault of the health care system — which, until the passage of the Affordable Care Act, was the only one in the developed world that routinely barred access or limited care for millions of people of modest means. That is because violence accounts for a large share of Americans’ excessive mortality, and accidents take a disproportionate toll. Nor is the health care system entirely to blame for the nation’s elevated obesity rate — a leading cause of problems like diabetes.

What’s more, the United States’ higher tolerance of poverty undoubtedly contributes to higher rates of sickness and death. Americans at all socioeconomic levels are less healthy than people in some other rich countries. But the disparity is greatest among low-income groups.

Still, senators, you are not off the hook. Limited access to health care may not entirely account for the poor health and the early deaths of so many of your fellow Americans. But it accounts for a good chunk.

A study about equity in access to health care for 21 countries in 2000 revealed that the United States had the highest degree of inequity in doctor use, even higher than Mexico — which is both poorer and generally more inequitable.

And as noted in a 2003 study by the Institute of Medicine, insurance status, more than any other demographic or economic factor, determines the timeliness and quality of health care, if it is received at all.

It doesn't require an advanced degree to figure out what limited access to a doctor can do to people's health. A review of studies published this week in *Annals of Internal Medicine* reported that health insurance substantially raises people's chances of survival. It improves the diagnosis and treatment of high blood pressure, significantly cutting mortality rates. It reduces death rates from breast cancer and trauma. Over all, the review concluded that health insurance reduces the chance of dying among adults 18 to 64 years old by between 3 and 29 percent.

Another assessment, published last week in *The New England Journal of Medicine*, found that access to health insurance increases screenings for cholesterol and cancer, raises the number of patients taking needed diabetes medication, reduces depression, and raises the number of low-income Americans who get timely surgery for colon cancer.

It said that expansions in three states of Medicaid, the federal health insurance for the poor whose rolls Republicans are prepared to trim by 15 million over a decade, were found to reduce mortality by 6 percent over five years, mostly by increasing low-income Americans' access to treatment for things like H.I.V., heart disease, cancer and infections.

I understand, senators, that this sort of analysis may not sway all of you. I'm aware of the view on the rightmost end of the political spectrum that ensuring people's well-being, which I assume includes their health, is a matter of personal responsibility and not the government's job.

Yet there is a solid economic argument for protecting your fellow citizens' access to health care that does not rely on arguments from empathy, charity or the like. A sickly, poorly insured population can be expensive.

As noted by a study from the Joint Center for Political and Economic Studies, poor health and limited access to health care not only raise the cost of providing such care but also reduce productivity, eat into wages, increase absenteeism, weigh on tax revenues and generally lower the nation's quality of life.

The study, which focused on the disadvantages of African-Americans, Latinos and Asians, added up the costs of inequalities in health and premature death between 2003 and 2006 and came up with a price tag of \$1.24 trillion.

The good news, senators, is that solving these inequities needn't be particularly expensive. The analysis relayed in The New England Journal of Medicine suggested that each additional life saved by expanding Medicaid costs \$327,000 to \$867,000. That is much cheaper than other public interventions, such as workplace safety and environmental regulations, which achieve a similar reduction in mortality for each \$7.6 million spent on compliance.

Even better: Instead of taking away the health insurance of more than 20 million Americans, what if you could offer nearly universal access and still make that work within your broader agenda?

In 2015, according to the Organization for Economic Cooperation and Development, the United States government spent 8.4 percent of its gross domestic product to pay for health care for about half of all Americans, including Medicare, Medicaid and subsidies under the Affordable Care Act. That year, Britain spent 7.7 percent to cover virtually all of its citizens. Finland, Canada and Italy spent even less.

I understand, senators, that these places have what is known as single-payer systems — which tend to stick in the craws of some of you. But think about it. If your primary motivation to repeal the Affordable Care Act is to provide a large tax cut for high-income Americans, think what you could do with a full percentage point of G.D.P. It could even be worth the effort to provide health care for all.

Email: eporter@nytimes.com; Twitter: [@portereduardo](https://twitter.com/portereduardo)

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