

‘A Shared Destiny for All Americans’

Nearly two years into her tenure as the University of Michigan’s 13th president, Mary Sue Coleman, Ph.D., has long been involved in issues relating to health care and health care delivery, and the policies and issues that affect them. As the leader of a dynamic research university with an academic health system ranked among the very best in the nation, Coleman, who is also a professor of biological chemistry in the U-M Medical School, a member of the Institute of Medicine, and a fellow of the American Association for the Advancement of Science and of the American Academy of Arts and Sciences, understands the intricate complexities of health care — and health insurance.

Upon concluding three years of work with the Institute of Medicine Committee on the Consequences of Uninsurance, which she co-chaired, and release of the committee’s sixth and final report, President Coleman reflected with Medicine at Michigan on some of those consequences, and on the urgent need for universal health care coverage in America.

How do the problems of the uninsured affect all Americans?

An important aspect of the IOM committee work was to document how individuals and health care institutions are affected by the large and growing uninsured population in this country. Clinics and hospitals located in communities where uninsured is prevalent confront financial risk that places even those *with* insurance at jeopardy for loss of critical services. And the burden of paying the approximately \$35-billion annual bill for unreimbursed medical care falls on taxpayers and the nation’s healthcare delivery system. Insurance coverage, or its lack, is a shared destiny for all Americans.

What role does American culture play in the personal and national policy choices that have been made regarding health care over the past 25 to 50 years?

Health insurance in this country has historically been tied to employment and to “safety net” public programs for the very poor. The only comprehensive program that provides coverage regardless of employment status or income is the Medicare program, a public policy decision made nearly 40 years ago that revolutionized care for those 65 and older.

As medical treatments and interventions for chronic diseases have become more effective, the gap in morbidity and mortality related to insurance coverage is becoming more pronounced, making health insurance a more critical necessity now than it was a few decades ago. Employers are backing away from offering insurance coverage as costs rise, and our public programs are overwhelmed with those needing assistance. The IOM Committee found little evidence that people who do not have health insurance choose to forego insurance because they do not believe they need it. Rather, they are most often working where no insurance is offered, or is offered at prices they cannot possibly afford.

What is the impact of uninsured populations on the U.S. health care system?

Our committee concluded that the impact of uninsured populations is straining the very fabric of health care in this country, and that a plan for universal coverage is urgently needed.

What about the enormous cost of providing care to the uninsured?

We estimated that the cost to the nation of *not* providing universal coverage is between \$60 billion and \$130 billion annually. So, there is great cost to doing nothing. It is difficult to estimate the precise cost of extending universal coverage because that will be dependent on the design of a basic benefit package. However, our committee strongly believes that trepidation about cost issues should not prevent the public policy debate about how this nation will cope with a growing crisis in health care, especially given the significant cost associated with not providing universal coverage.

What role can U-M play in solving this critical national problem, or, more broadly, what role can academic medicine in America play?

We are fortunate to have on our faculty here at U-M many leading experts in health policy. Those individuals are already engaged in setting important research agendas about uninsurance, conducting scholarly work on this issue, and advocating for a renewed public debate. All of these activities will be crucial to the goal of extending coverage to all. In addition, I believe that U-M has the capability to test model programs and thus take a leadership role in this area, making major contributions to solving one of the most serious problems facing our society today. 