April 1st, 2024

The Healthcare Crisis- Who Is Affected and What Can Be Done?

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The term “healthcare” is an ambiguous term used to define what encompasses the maintenance of peoples’ health. Emergency medicine is typically the first branch of the field that comes to mind when recognizing what is considered absolutely necessary for health maintenance on a moral standpoint, followed by less crucial measures such as preventative care. While access to healthcare is not a constitutionally-defined right, the moral implications of the matter often supersede the legalities. However, this is nevertheless a labyrinth of complexities that has divided the medical community for years as medicine becomes more intricate and expensive to produce. As pharmaceutical technology advances, insurance companies have monetized the advancements in a way that provides financial protection in case those insured need necessary medical care. Services not covered by health insurance almost always include cosmetic and beauty procedures as well as more expensive alternatives to invasive, high-level procedures. However, there has been recent discourse on what really qualifies as “necessary”, because certain insurance providers are starting to refuse procedures and services that have been proven to be vital to the afflicted persons’ health. This matter coupled with the rising costs insurance providers are posing on those seeking care has created a political and economic disaster that has become one of the most significant sources of current debate.

Resulting from the recent advancements in the pharmaceutical industry as well as medical transportation, insurance companies have found ways to circumvent these imposing costs that could potentially affect the budgets of hospitals due to high production prices. But how are these new policies actually impacting those seeking medical care? A recent story has been published detailing the narrative of a mother, Sara England, whose three month-old son was in need of emergency medical attention having had open heart surgery two months prior. Sara’s son, Amari, was short of breath and upon contacting his cardiologist, she was recommended to seek further medical attention for him. Sara and Amari made it to an urgent care center where the doctors proclaimed his need for medical attention that the urgent care would not be able to provide, which prompted a call for a helicopter transport to a more equipped hospital. The situation became so dire that Amari required a tube pushed down his throat coupled with a bag to manually provide him with oxygen, helping him remain steady until a ventilator could be reached. Amari luckily made it to a nearby hospital via the helicopter ride, and his body forced him to remain in the hospital for three weeks upon receiving a diagnosis of respiratory syncytial virus.

Although Amari was able to receive the care he needed and returned to a stable condition after the lengthy hospital stay, the England family was not yet out of the woods. Upon returning

home, Sara soon received a bill from the family's insurance provider detailing the amount of money she was to pay out of pocket. The bill came to be a whopping 97,599 USD, an amount not covered in the slightest by insurance. Being a middle-class citizen with four children, this was not money that Sara was willing to shed in response to measures she deemed crucial to her son's life. This dispute broke out into a fight between the England family and their insurance provider, with Sara citing multiple different safeguards such as the No Surprises Act, a law that protects people against surprise medical bills. However, the No Surprises Act is only viable in cases of necessity, and legal officials deemed the emergency helicopter transport unnecessary as opposed to a land ambulance ride. Despite the obvious evidence pointing to the critical condition of Amari, Sara's claims were denied and as of today, she is still fighting against her insurance provider to offset at least a fraction of this hefty cost.

Although this outlines just one situation in which the No Surprises Act is not applicable, resulting in morally unjust insurance claims, this instance speaks volumes to the American healthcare industry and the value it places on its patients' safety. Following the implementation of the No Surprises Act in 2022, insurance companies have made more and more claims of services being unnecessary as opposed to less extreme, extravagant measures. This has led to half of the American population reporting that healthcare costs are difficult to afford, with a large fraction of that number neglecting their health in the form of not going to appointments, not obtaining prescription medication, and not seeking out obligatory procedures. This has created a standard in which healthcare is more seen as a privilege rather than an ethical right, a factor that has turned this issue from one pertaining to a few instances into a worldwide political debate that has ravaged the citizens of America considering the country's extremely high insurance costs. When surveyed, half of United States adults stated that they would not be able to pay a bill costing 500 USD out of pocket, with this being a miniscule fraction of Amari's medical bill. High upfront costs coupled with a fear of unexpected bills has led to the development of a standard in the United States that surrounds a lack of attention towards one's health.

It is important for youth to recognize that although the future seems bleak in terms of medical advocacy and the financial strain imposed on those seeking necessary care, there are a number of solutions to this crisis that with time and effort, society will be able to reach. Perhaps the most important solution to the healthcare crisis is providing more education on the importance of preventative care and making that more accessible, which would entail the opening of clinics in underprivileged areas and the stationing of doctors in remote locations outside medical service reaches. Making preventative care more accessible would limit the amount of time and money people have to spend on future medical resources, which would force insurance companies to lower their rates due to a lack of worldwide demand. This also would entail the education of those with access to preventative care that choose not to utilize it, as the overall lack of need for new medical technologies and exploitative insurance companies would help to mitigate the problem. Ultimately, the decision of what to do in this crisis rests on the

government, which is currently one of the most commonly posed problems in debate settings. Voting and advocating for leaders that support medical accessibility and the lowering of insurance costs will not only help insurance payers struggling to pay their ever-growing rates, but will also help those that don't have access to paid protection at all. The development of new pharmaceutical technology has been incredible for the medical community and those requiring novel forms of care, but the exploitative measures taken by certain insurance companies often undermines the purpose of medicine, which is to serve the people by preventing and treating disease and injury on not just a professional level, but more importantly on a personal, meaningful level.

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