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Health policy proposals are generally evaluated based on various criteria including fiscal feasibility, political viability, ethical and equity considerations, and compatibility with constitutional guiding principles (e.g., personal choice, roles of states vs. the federal government), among others. Throughout the history of health care reform in the United States, the debate has been framed by a combination of the above criteria. Rarely, however, have we considered a health policy proposal from a health literacy, and more specifically, from a health insurance literacy perspective.

Health insurance literacy is defined as "the degree to which individuals have the knowledge, ability, and confidence to find and evaluate information about health plans, select the best plan for their own (or their family's) financial and health circumstances, and use the plan once enrolled" (Quincy, 2012, p. 7). The roll out of the Patient Protection and Affordable Care Act brought the issue of health insurance literacy to the forefront. As millions of people attempted to obtain health care coverage, the complexity of the system became apparent (Bhargava & Loewenstein, 2015) and the need for significant education in health insurance concepts (premiums, deductibles, copayments, coinsurance) was deemed essential for people to make optimal choices and effectively use their newly-acquired health insurance (Blumberg et al., 2013; Loewenstein et al., 2013; Norton et al., 2014). This need was especially pronounced among the previously uninsured, those with low educational attainment, and those from racial and ethnic minority groups, many of whom were navigating the system for the first time (Blumberg et al., 2013); most recent data reveal that significant sociodemographic disparities in health insurance literacy persist (Edward et al., 2019; Villagra et al., 2019). The importance of health insurance literacy is further highlighted by research indicating the negative impact low health insurance literacy has on awareness of health reform efforts (Ghaddar et al., 2018), on enrollment (Hoerl et al., 2017), on plan choice (Braun et al., 2018), on enrollment experiences (Hero et al., 2019), on health care utilization patterns (James et al., 2020; Smith et al., 2018; Tipirneni et al., 2018), on material and behavioral financial hardship (Williams et al., 2020; Zhao et al., 2019), and most likely on health outcomes, although the latter has not yet been empirically evaluated.

Enter Medicare for All. The proposal, apart from the political and fiscal concerns raised using traditional assessment criteria, is promising from a health insurance literacy perspective. Its key advantage is instant name recognition and association with a well-established, favorably perceived program. In its simplicity, it relieves the consumer from many of the challenges faced due to inadequate health insurance knowledge and literacy. As proposed by U.S. Senator Bernie Sanders, the Medicare for All Act (2019) has no complex eligibility criteria (only being a resident of the U.S.), no complicated enrollment processes (program enrollment is automatic upon birth or upon establishing residence in the U.S.), no plan options to choose from (single-payer system), no confusion surrounding deductibles, coinsurance, copayments, (in general, the plan has no cost-sharing provisions), no confusion about in- and out-of-network providers (such a program would most likely have an extensive provider network allowing considerable freedom in choosing a health care provider), and no thorny list of covered/non-covered medical conditions (the plan covers an extensive list of physical health, mental health, vision, and dental benefits, along with some long-term care benefits). However, as the 2020

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democratic presidential candidates embraced Medicare for All to mean different things, the initial health-insurance-literacy friendly appeal of Medicare for All started to fade as confusion rose with the unclear positions candidates were taking and the advent of different proposals under variations of the same title: Medicare X, Medicare for America, Medicare Buy-In, Medicare for All Who Want It, Medicare for More. National polls reflected that confusion. While there seemed to be support for a Medicare for All program, that support shifted once people realized what the program entailed (e.g., elimination of private health insurance) (Kirzinger et al., 2019). Additionally, many believed that people would continue to pay deductibles and co-pays when they used health care services and that private insurance plans could be kept (Lopes et al., 2020). Such misconceptions underscored the important role that health insurance literacy plays in the evaluation of candidates' health care reform platforms; adequate levels of health insurance literacy imply that people are asking the right questions and examining the relevant features of a health care proposal.

As current and future presidential, senate, congressional, and local candidates continue discussions on how to expand health care coverage to more Americans, the following are key health insurance literacy guiding principles to consider when proposing health reform legislation: (1) Keep the sociodemographic profile (educational attainment, ethnicity, access challenges) of the U.S. population, including the uninsured, in mind to ensure that the new legislation's demands and complexity level are aligned with the skills and abilities of all consumers, particularly those seeking insurance for the first time. Despite significant gains in health care coverage since the passage of the Affordable Care Act, racial and ethnic minorities and low-income people continue to be overrepresented among the country's uninsured (Berchick et al., 2019; Collins et al., 2016); (2) Apply health literacy principles to health care legislation and its processes. These include, among others, appropriate, actionable, and easy to understand communication as well as representation of the uninsured in planning, implementing, disseminating, and evaluating health care coverage information (Centers for Disease Control and Prevention, n.d.); (3) Develop standardized plan options to minimize the confusion surrounding the many nuanced differences between plans. Comparing a large number of plans with many moving parts (different premiums, different number of in-network providers across various cost-sharing levels) is a daunting experience for many people (Bhargava & Loewenstein, 2015). Recent changes that drop simple choice plans and eliminate requirements for insurers to provide meaningfully different plans represent a move in the opposite direction to simplification of the choice process (Collins, 2018); (4) Complement internet-based ap-

plication platforms with online decision support tools. Such tools have shown promise in improving the quality of health insurance decisions (Bundorf et al., 2019; Politi, Barker, Kaphingst, et al., 2016; Politi, Kuzemchak, Liu, et al., 2016); and (5) Fund enrollment and post-enrollment consumer assistance programs to support individuals learning how to obtain and use health insurance for the first time. The Affordable Care Act, despite its initial implementation challenges, was cognizant of the need for consumer assistance. For example, it authorized various navigator and non-navigator assistance programs followed by millions of dollars in grants to provide outreach, education, and assistance to consumers (Centers for Medicare & Medicaid Services, 2019; Reichard, 2013). Under the previous administration of President Donald J. Trump, these programs have suffered significant budget cuts, decreasing from a high of $63 million in 2017 to just $10 million annually in 2020 and 2021 (Keith, 2019).

Clearly, system-level changes are slow and difficult to implement. That's why advocacy, an increasingly central area of responsibility for health educators and professionals (Accreditation Council for Graduate Medical Education, 2020; Hubinette et al., 2017; National Commission for Health Education Credentialing, 2019), is essential to move such efforts forward. Health educators and professionals play an important role in advocating for a simpler, easier to understand health insurance system that empowers consumers to make informed health coverage decisions in support of their and their families' health care needs. Lessons can be learned from advocacy efforts targeting health literacy. Such efforts have been successful at integrating health literacy in Healthy People 2010, 2020, and 2030 goals (Advisory Committee for Healthy People 2030, 2018; Office of Disease Prevention and Health Promotion, n.d.; U.S. Department of Health and Human Services, 2000), at launching a National Action Plan to Improve Health Literacy (U.S. Department of Health and Human Services, 2010), at establishing dedicated federal funding (e.g., National Institutes of Health) to support research that furthers understanding of health literacy, and at having a Roundtable on Health Literacy to maintain discussion and dissemination of research findings and best practice recommendations (The National Academies of Sciences, Engineering, and Medicine, n.d.). A similar advocacy effort for health insurance literacy has the potential to galvanize stakeholders to support health-insurance-literate plans at the private sector level and ultimately health-insurance-literate legislation at the public sector level. Along the way, health education and promotion specialists can advance health insurance literacy by developing and delivering educational programs through academic extension programs, adult education venues, and public health outreach settings. Such programs, albeit on

a limited scale, have shown promise in increasing individual-level knowledge and skills and improving the capacity to make optimal health insurance purchases (Brown et al., 2016; Brown, 2018; Patel et al., 2019).

A Medicare for All system is certainly not a panacea from a health insurance literacy perspective. Even if such a plan were implemented, some access and utilization challenges stemming from inadequate health insurance literacy are likely to persist. A large system is bound to be complex and will present its own comprehension and navigation challenges. Evidence from the current Medicare program reveals that enrollees struggle with identifying the health coverage they have (e.g., Medicare vs. Medicare Advantage) and how it works (Huffman & Upchurch, 2018), and that poorer familiarity with the program translates into delays and avoidance of seeking care (Morgan et al., 2008). Similarly, evidence from other countries reveals that a national health coverage plan does not eliminate health insurance literacy issues. Universal coverage health systems, by virtue of their size, are complex and require a high level of health insurance literacy skills to navigate; they also evolve over time to incorporate additional features each with its own jargon and complexities. In Israel, for example, the national health insurance system is complemented by supplementary health insurance; evidence reveals gaps in knowledge and understanding of available coverage options resulting in suboptimal purchase and utilization patterns (Green et al., 2017). In France, where college students are required to purchase a compulsory health insurance plan with the option of a complementary plan, health insurance literacy remains a challenge given the wide range of specific conditions, modalities, and costs that vary based on each student's personal circumstance (Montagni et al., 2018).

Irrespective of its contentious features as well as its political, fiscal, and implementation challenges, Medicare for All, in its pure form, brings our attention to a new ideal to strive for—a health literacy sensitive health legislation that promises a simplified insurance process supporting improved decision-making when selecting health care coverage and using health care services. As future leaders formulate the details of their health care proposals and/or plan for the reform of existing laws, it is imperative to strive for such an ideal, most importantly to ensure that such laws help those they aim to expand coverage to—the uninsured, the vulnerable, and the marginalized.

REFERENCES

Accreditation Council for Graduate Medical Education. (2020). *ACGME Common program requirements (Residency)*. https://www.acgme.org/Portals/0/PFAssets/ProgramRequirements/CPRResidency2020.pdf

Advisory Committee for Healthy People 2030. (2018). *Issue briefs to inform development and implementation of Healthy People 2030*. https://www.healthypeople.gov/sites/default/files/HP2030_Committee-Combined-Issue%20Briefs_2019-508c.pdf

Berchick, E. R., Barnett, J. C., & Upton, R. D. (2019). *Health insurance coverage in the United States: 2018. Current population reports*. https://www.census.gov/content/dam/Census/library/publications/2019/demo/p60-267.pdf

Bhargava, S., & Loewenstein, G. (2015). Choosing a health insurance plan: Complexity and consequences. *Journal of the American Medical Association, 314*(23), 2505–2506. https://doi.org/10.1001/jama.2015.15176 PMID:26670967

Blumberg, L. J., Long, S. K., Kenney, G. M., & Goin, D. (2013). *Public understanding of basic health insurance concepts on the eve of health reform*. Urban Institute Health Policy Center. http://hrms.urban.org/briefs/hrms_literacy.html

Braun, R. T., Barnes, A. J., Hanoch, Y., & Federman, A. D. (2018). Health literacy and plan choice: Implications for Medicare managed care. *HLRP: Health Literacy Research and Practice, 2*(1), e40–e54. https://doi.org/10.3928/24748307-20180201-01 PMID:31294276

Brown, V. (2018). Infusing adult education principles into a health insurance literacy program. *Health Promotion Practice, 19*(2), 240–245. https://doi.org/10.1177/1524839917700369 PMID:29116823

Brown, V., Russell, M., Ginter, A., Braun, B., Little, L., Pippidis, M., & McCoy, T. (2016). Smart Choice Health Insurance©: A new, interdisciplinary program to enhance health insurance literacy. *Health Promotion Practice, 17*(2), 209–216. https://doi.org/10.1177/1524839915620393 PMID:26721502

Bundorf, M. K., Polyakova, M., Stults, C., Meehan, A., Klimke, R., Pun, T., Chan, A. S., & Tai-Seale, M. (2019). Machine-based expert recommendations and insurance choices among Medicare Part D enrollees. *Health Affairs (Project Hope), 38*(3), 482–490. https://doi.org/10.1377/hlthaff.2018.05017 PMID:30830808

Centers for Disease Control and Prevention. (n.d.). *Health literacy*. https://www.cdc.gov/healthliteracy/guidelines.html

Centers for Medicare & Medicaid Services. (2019). *2019 federally-facilitated exchange navigator cooperative agreement awards*. https://www.cms.gov/newsroom/fact-sheets/2019-federally-facilitated-exchange-navigator-cooperative-agreement-awards

Collins, S. R. (2018). *The Trump administration's new marketplace rules: Regulatory simplification or more complexity for consumers*. The Commonwealth Fund. https://www.commonwealthfund.org/blog/2018/trump-administrations-new-marketplace-rules-regulatory-simplification-or-more-complexity

Collins, S. R., Gunja, M. Z., Doty, M. M., & Beutel, S. (2016). Who are the remaining uninsured and why haven't they signed up for coverage? *Issue Brief (Commonwealth Fund), 24*, 1–20. PMID:27538268

Edward, J., Wiggins, A., Young, M. H., & Rayens, M. K. (2019). Significant disparities exist in consumer health insurance literacy: Implications for health care reform. *HLRP: Health Literacy Research and Practice, 3*(4), e250–e258. https://doi.org/10.3928/24748307-20190923-01 PMID:31768496

Ghaddar, S., Byun, J., & Krishnaswami, J. (2018). Health insurance literacy and awareness of the Affordable Care Act in a vulnerable Hispanic population. *Patient Education and Counseling, 101*(12), 2233–2240. https://doi.org/10.1016/j.pec.2018.08.033 PMID:30220598

Green, M. S., Hayek, S., Tarabeia, J., Yehia, M., & HaGani, N. (2017). A national survey of ethnic differences in knowledge and understanding of supplementary health insurance. *Israel Journal of Health Policy Research, 6*, 12. https://doi.org/10.1186/s13584-017-0137-4 PMID:28286643

Hero, J. O., Sinaiko, A. D., Kingsdale, J., Gruver, R. S., & Galbraith, A. A. (2019). Decision-making experiences of consumers choosing individual-market health insurance plans. *Health Affairs (Project Hope), 38*(3), 464–472. https://doi.org/10.1377/hlthaff.2018.05036 PMID:30830810

Hoerl, M., Wuppermann, A., Barcellos, S. H., Bauhoff, S., Winter, J. K., & Carman, K. G. (2017). Knowledge as a predictor of insurance coverage under the Affordable Care Act. *Medical Care, 55*(4), 428–435. https://doi.org/10.1097/MLR.0000000000000671 PMID:27820594

Hubinette, M., Dobson, S., Scott, I., & Sherbino, J. (2017). Health advocacy. *Medical Teacher, 39*(2), 128–135. https://doi.org/10.1080/0142159X.2017.1245853 PMID:27866451

Huffman, K. F., & Upchurch, G. (2018). The health of older americans: a primer on medicare and a local perspective. *Journal of the American Geriatrics Society, 66*(1), 25–32. https://doi.org/10.1111/jgs.15227 PMID:29124737

James, T. G., Sullivan, M. K., Dumeny, L., Lindsey, K., Cheong, J., & Nicolette, G. (2020). Health insurance literacy and health service utilization among college students. *Journal of American College Health, 68*(2),200-206. https://doi.org/10.1080/07448481.2018.1538151 PMID:30526397

Keith, K. (2019). *CMS to maintain navigator funding at $10 million for 2020, 2021.* Health Affairs. https://www.healthaffairs.org/do/10.1377/hblog20190529.659554/full/

Kirzinger, A., Muñana, C., & Brodie, M. (2019). *KFF Health Tracking Poll-January 2019: The public on next steps for The ACA and proposals to expand coverage.* Kaiser Family Foundation. https://www.kff.org/health-reform/poll-finding/kff-health-tracking-poll-january-2019/

Loewenstein, G., Friedman, J. Y., McGill, B., Ahmad, S., Linck, S., Sinkula, S., Beshears, J., Choi, J. J., Kolstad, J., Laibson, D., Madrian, B. C., List, J. A., & Volpp, K. G. (2013). Consumers' misunderstanding of health insurance. *Journal of Health Economics, 32*(5), 850–862. https://doi.org/10.1016/j.jhealeco.2013.04.004 PMID:23872676

Lopes, L., Hamel, L., Kearney, A., & Brodie, M. (2020). *KFF Health Tracking Poll - January 2020: Medicare-for-all, public option, health care legislation and court actions.* Kaiser Family Foundation. https://www.kff.org/health-reform/poll-finding/kff-health-tracking-poll-january-2020/

Medicare for All Act of. 2019, S. 1129, 116th Congress. (2019). https://www.congress.gov/bill/116th-congress/senate-bill/1129/text

Morgan, R. O., Teal, C. R., Hasche, J. C., Petersen, L. A., Byrne, M. M., Paterniti, D. A., & Virnig, B. A. (2008). Does poorer familiarity with Medicare translate into worse access to health care? *Journal of the American Geriatrics Society, 56*(11), 2053–2060. https://doi.org/10.1111/j.1532-5415.2008.01993.x PMID:19016939

National Commission for Health Education Credentialing. (2019). *Areas of responsibility, competencies and sub-competencies for health education specialist practice analysis II 2020.* https://assets.speakcdn.com/assets/2251/hespa_competencies_and_sub-competencies_052020.pdf

Norton, M., Hamel, L., & Brodie, M. (2014). *Assessing Americans' familiarity with health insurance terms and concepts.* Kaiser Family Foundation. https://www.kff.org/health-reform/poll-finding/assessing-americans-familiarity-with-health-insurance-terms-and-concepts/

Office of Disease Prevention and Health Promotion. (n.d.). *HealthyPeople 2020. Health literacy.* https://www.healthypeople.gov/2020/topics-objectives/topic/social-determinants-health/interventions-resources/health-literacy

Patel, M. R., Israel, B. A., Song, P. X. K., Hao, W., TerHaar, L., Tariq, M., & Lichtenstein, R. (2019). Insuring good health: Outcomes and acceptability of a participatory health insurance literacy intervention in diverse urban communities. *Health Education & Behavior, 46*(3), 494–

505. https://doi.org/10.1177/1090198119831060 PMID:30786753

Politi, M. C., Barker, A. R., Kaphingst, K. A., McBride, T., Shacham, E., & Kebodeaux, C. S. (2016). Show Me My Health Plans: A study protocol of a randomized trial testing a decision support tool for the federal health insurance marketplace in Missouri. *BMC Health Services Research, 16*, 55. https://doi.org/doi:10.1186/s12913-016-1314-9 PMID:26880251

Politi, M. C., Kuzemchak, M. D., Liu, J., Barker, A. R., Peters, E., Ubel, P. A., Kaphingst, K. A., McBride, T., Kreuter, M. W., Shacham, E., & Philpott, S. E. (2016). Show Me My Health Plans: Using a decision aid to improve decisions in the federal health insurance marketplace. *MDM Policy & Practice, 1*(1), 2381468316679998. https://doi.org/10.1177/2381468316679998 PMID:28804780

Quincy, L. (2012). *Measuring health insurance literacy: A call to action.* Health Insurance Literacy Expert Roundtable. https://advocacy.consumerreports.org/wp-content/uploads/2013/03/Health_Insurance_Literacy_Roundtable_rpt.pdf

Reichard, J. (2013). *HHS awards $67 million in navigator grants to 105 applicants.* The Commonwealth Fund. https://www.commonwealthfund.org/publications/newsletter-article/hhs-awards-67-million-navigator-grants-105-applicants

Smith, K. T., Monti, D., Mir, N., Peters, E., Tipirneni, R., & Politi, M. C. (2018). Access is necessary but not sufficient: Factors influencing delay and avoidance of health care services. *MDM Policy & Practice, 3*(1), 2381468318760298. https://doi.org/doi:10.1177/2381468318760298 PMID:30288438

The National Academies of Sciences, Engineering, and Medicine. (n.d.) *Roundtable on health literacy.* https://www.nationalacademies.org/our-work/roundtable-on-health-literacy

Tipirneni, R., Politi, M. C., Kullgren, J. T., Kieffer, E. C., Goold, S. D., & Scherer, A. M. (2018). Association between health insurance literacy and avoidance of health care services owing to cost. *JAMA Network Open, 1*(7), e184796–e184796. https://doi.org/10.1001/jamanetworkopen.2018.4796 PMID:30646372

U.S. Department of Health and Human Services. (2000). *Healthy People 2010: Understanding and improving health.* 2nd ed. U.S. Government Printing Office. https://files.eric.ed.gov/fulltext/ED443794.pdf

U.S. Department of Health and Human Services. Office of Disease Prevention and Health Promotion. (2010). National action plan to improve health literacy. https://health.gov/sites/default/files/2019-09/Health_Literacy_Action_Plan.pdf

Villagra, V. G., Bhuva, B., Coman, E., Smith, D. O., & Fifield, J. (2019). Health insurance literacy: Disparities by race, ethnicity, and language preference. *The American Journal of Managed Care, 25*(3), e71–e75. PMID:30875174

Williams, C. P., Pisu, M., Azuero, A., Kenzik, K. M., Nipp, R. D., Aswani, M. S., Mennemeyer, S. T., Pierce, J. Y., & Rocque, G. B. (2020). Health insurance literacy and financial hardship in women living with metastatic breast cancer. *JCO Oncology Practice, 16*(6), e529–e537. https://doi.org/10.1200/JOP.19.00563 PMID:32048931

Zhao, J., Han, X., Zheng, Z., Banegas, M. P., Ekwueme, D. U., & Yabroff, K. R. (2019). Is health insurance literacy associated with financial hardship among cancer survivors? Findings from a national sample in the United States. *JNCI Cancer Spectrum, 3*(4), pkz061. https://doi.org/10.1093/jncics/pkz061 PMID:32337486