

Income should be the dominant factor for reforming health care, says the American public

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A new study on reforming U.S. healthcare showed that Americans believe a health insurance policy should be about 5% of household income to be affordable—whether or not household income was low or high. They also feel that younger people—particularly singles—could pay somewhat more for health insurance and that healthier people could afford to pay more than those in poor health. Debt also played a role in decision-making for many respondents. These findings stand in stark contrast to the current health reform proposal forwarded by speaker Paul Ryan, which offers a fixed tax credit rather than one based upon household income.

Findings of the research conducted at Columbia University's Mailman School of Public Health, are published on SocArXiv, a website for the rapid dissemination of science. The researchers chose this format because legislation is moving too fast to publish in a traditional health policy journal.

Their findings were consistent whether a respondent lived in a red state or a blue state, suggesting that voters of all stripes feel that wealthier households can afford to pay a little more than lower-[income](#) households.

"Americans feel that everyone can afford to put about 5% of their household income toward health [insurance](#) and strongly favor a credit

linked to the income that one makes," said Peter Muennig, MD, MPH, professor of Health Policy and Management at the Mailman School of Public Health. "They also do not favor placing extra burdens on the sick or elderly as the new Ryancare plan does."

The researchers created 61 vignettes to describe the living situations of various hypothetical households based on age, [household income](#), marital status, presence of children, health conditions, the presence of debt or savings, and housing costs. Where children were present, the researchers specified that they would receive free coverage through the State Children's Health Insurance (SCHIP) program. Respondents were asked to assess how much each household could afford to pay per month using two different [health insurance](#) plans, one representing the typical high deductible policy and one the typical comprehensive policy.

While Congress is still debating how to repeal the ACA, the replacement plan currently under consideration—"Ryancare"—is an amalgamation and will transfer benefits from poorer households to wealthier households and from households in [poor health](#) to those in much better [health](#), Dr. Muennig points out.

"Ryancare essentially takes from the poor, the sick, and the elderly and gives that money to the rich. People are not going to be happy with this plan," said Dr. Muennig. "Our findings were consistent whether the respondent lived in a red state or blue state. It made no difference."

Provided by Columbia University's Mailman School of Public Health

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