Advances in medical technology have dramatically improved the lives of many Americans suffering from conditions as varied as heart attack, cataracts, and depression. But new research reveals that people without health insurance are not getting the same access as the insured are to these innovative treatments. This access gap is costing society an estimated $1.1 billion each year from higher morbidity and mortality.

In “The Uninsured and the Benefits of Medical Progress” (Health Affairs, July/August 2003) Columbia University analysts Sherry Glied and Sarah E. Little document the disparity between the insured and uninsured populations in the use of medical technology. Focusing on the 55-to-64 age group, authors Glied and Little compared technology use rates for three common conditions that are treated in both hospital and outpatient settings. In every case, the uninsured group had received the high-tech treatment at lower rates compared with the insured group.

Heart Attack
Acute myocardial infarction, or heart attack, is one of the most common and costly conditions treated in a hospital setting. Technology for treating heart attack is rapidly improving, and more patients are undergoing cardiac procedures that can reduce mortality and improve quality of life.

According to the analysis, uninsured people who suffered heart attack were about 7 percent less likely than insured people to receive an invasive cardiac procedure (with a treatment rate of 45.9% for the insured compared with 43% for the uninsured). Of the 118,000 privately insured heart attack patients, 54,000 received coronary artery bypass graft surgery (CABG) or percutaneous transluminal coronary angioplasty (PTCA), compared with 6,500 uninsured patients. The authors estimate that in 2000, 464 more uninsured patients needed to have had an invasive cardiac procedure to reach the treatment rate of the privately insured population. If they had received the appropriate treatment, anywhere from $6 million to $28 million would have been saved annually in morbidity and mortality costs.

Cataracts
The prevalence of cataracts ranges from 4.5 percent to 10 percent for people ages 55 to 64. Many in this age group who lack insurance go without cataract surgery, which costs from $2,000 to $3,000. Of the 200,000 people in this age group who had cataract surgery in 1996, 67 percent had private insurance, 9 percent had Medicaid, and 3 percent were uninsured. The authors estimate that 9 percent to 20 percent of the privately insured were treated for their cataracts, compared with 2 to 5 percent of the uninsured. They conclude that about 22,000 more uninsured patients ages 55 to 64 would have needed to receive cataract surgery to reach the privately insured rate. This gap in treatment costs society nearly $900 million a year in morbidity-related expenses.

Depression
Advances in technology—particularly new classes of anti-depression drugs—have helped many people with mental disorders. Previous studies indicate that treatment for an episode of depression costs roughly $1,000 and decreases the length of depression by about eight weeks. Even though mental health problems are more
common among the uninsured, this group is less likely to be treated for mental illness: among individuals with general anxiety disorder, major depression, or panic disorder, those with mental health coverage are more than twice as likely to receive treatment as are those without this coverage.

According to the analysis, 29.3 percent of those with private insurance are likely to be treated for depression with either Prozac or related drugs, compared with 15.8 percent of the uninsured. The authors estimate that to reach the privately insured rate, an additional 43,000 more uninsured patients would need to have received outpatient care for depression in 2000. The gap in care resulted in a $213 million loss due to excess morbidity and mortality.

Authors Glied and Little say that greater access to the latest medical technology for treatment of all three of these conditions would make a major difference in both morbidity and mortality costs. Expanding access to cataract surgery would have a particularly profound effect, since the lack of treatment for this condition accounts for 80 percent of the total welfare lost by the uninsured. Improved access to care for depression would likewise have a major positive impact, the analysis found, since the uninsured face larger barriers to outpatient care than inpatient care.

As medical technology continues to improve, the potential losses—both health-related and economic—will only grow if barriers to insurance are not addressed, the authors conclude. Future research, they say, should focus not only on the benefits of new high-tech treatments, but on who is actually receiving them.

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**Facts and Figures**

- Uninsured Americans who have had a heart attack are 7 percent less likely than the insured to receive an invasive cardiac procedure. The estimated benefit of undergoing such procedures, based on estimates of life expectancy gains, is $13,000.

- Although the benefits of surgery for cataracts far outweigh their cost, no more than 5 percent of uninsured Americans with cataracts have corrective surgery.

- Uninsured adults ages 55 to 64 are more likely than insured adults to suffer from depression. Yet the treatment rate for the uninsured is about half that of the insured.

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**Summary of Net Benefits Lost Because of Lack of Access to Technology Among the Uninsured Population Ages 55–64**

<table>
<thead>
<tr>
<th></th>
<th>Number of Uninsured Who Would Benefit If They Accessed Care at Same Rate as Privately Insured</th>
<th>Net Benefits Forgone</th>
</tr>
</thead>
<tbody>
<tr>
<td>Increased acute myocardial infarction treatment</td>
<td>464</td>
<td>$6 million–$28 million</td>
</tr>
<tr>
<td>Increased cataract treatment</td>
<td>22,000</td>
<td>$894 million</td>
</tr>
<tr>
<td>Increased depression treatment</td>
<td>43,000</td>
<td>$213 million</td>
</tr>
<tr>
<td>Total net benefit</td>
<td>—</td>
<td>$1.1 billion</td>
</tr>
<tr>
<td>Net benefit per person$^a$</td>
<td>—</td>
<td>$343–$349</td>
</tr>
</tbody>
</table>

^a Using the Current Population Survey estimate of the total number of uninsured people ages 55–64.