

'Out in the Cold:' America's deadly un-insurance problem



IN THIS EPISODE

How do we know that nearly 340,000 Americans died during the pandemic because they did not have health insurance? *How does this compare to American deaths related to uninsurance during a non-COVID year?* How could the U.S. have saved \$5 billion or more in healthcare costs during the pandemic?

To find out, we spoke to **James G. Kahn, MD/MPH**, a professor emeritus of health policy, epidemiology, and global health at the University of California, San Francisco. An expert in health policy and economics, he's an advisor for [Code WACK!](#) as well as editor and primary blogger for [Health Justice Monitor](#).

WE DISCUSS

More than one quarter of all U.S. COVID deaths – some 339,000 – are due to the lack of universal health insurance. How does this compare to “normal” or non-COVID years?

“...that [number] went way up...because of the huge health threat posed by COVID. So what we're talking about in a normal year is something on the order of 150,000 people dying because of the inadequacies of our health insurance system..” - **Jim Kahn**

Did the U.S. government's COVID relief provisions make it easier for people to get treatment?

“Well, that's a great question. Indeed. Some COVID care was covered by insurers under this promise to the government, but it was based on good faith of the insurance companies and on evidence that the care provided was due to COVID and that gets really complicated...what happens if the doctor says ‘This isn't COVID ... You have a cold, or you have the flu.’ Now the care is not covered....

[Or] you go to the emergency department and you do have COVID, but the ... emergency department codes your diagnoses in the medical record, they happen to put [another diagnosis] first. That may mean that your care is not covered. So it's this unbelievably complex overlay to our insurance system, which did help a lot of people, but left a lot of other people, you know, out in the cold with huge medical bills that were in fact COVID-related. - **Jim Kahn**

What about other countries' COVID responses? Was there a country that stands out?

"The country that did the best in the pandemic is Taiwan. They have universal health insurance and also a really good public health data infrastructure. So they were able to use the fact that everyone had universal access to care plus really good data systems to track and intervene in the pandemic. And they had a very mild pandemic compared to other countries.

And that's what we should be doing in the United States. We have world leading technology. Silicon Valley is a global leader in developing data systems. So we're best in the world in certain things, but worst in the world, certainly worst in the wealthy world on health insurance. If we could put those together that would really be terrific. " - **Jim Kahn**

Helpful Links

[Universal healthcare as pandemic preparedness: The lives and costs that could have been saved during the COVID-19 pandemic](#), *Proceedings of the National Academy of Sciences*

[Falling US Longevity Largely Due to Health Insurance Failings](#)
Health Justice Monitor

[COVID Relief Provisions Stabilized Health Coverage, Improved Access and Affordability](#), *Center on Budget & Policy Priorities*

[Pandemic: Preparing for a New Normal \(2022 Update\)](#), *Dr. Tony Iton, MD, JD, MPH, on Code WACK!*

[COVID-19 Responses in Countries with Single-Payer & Implications for Impoverished Populations](#), *National Health Care for the Homeless Council*

[Cost Effectiveness Analysis](#), *Centers for Disease Control and Prevention*

[The American Public Health Association Endorses Single-Payer Health System Reform](#), *American Public Health Association*

Episode Transcript

Read the full [episode transcript](#).

Dr. James G. Kahn Biography

James (Jim) G. Kahn, MD/MPH, is an emeritus professor of health policy at University of California San Francisco. He has 30 years of experience conducting economic analysis of health programs in the U.S. and in low and middle income countries around the world. He has published widely on the economics of health insurance and single payer reform in the U.S. His funders include the National Institutes of Health, the World Health Organization, and many foundations. He has more than 200 academic publications.

In 2005 he quantified U.S. healthcare administration costs. This work found that billing and insurance-related administration represents nearly one quarter of the costs of physician and hospital care funded through private insurance. He

presented on administrative costs to the U.S. Institute of Medicine, of the National Academy of Sciences. In 2014, Dr. Kahn led a team that estimated potential savings of at least \$400 billion per year from simplifying billing and insurance-related administration in the U.S. healthcare system.

In 2020, Dr. Kahn and colleagues found that 21 of 22 existing studies of the cost of single payer estimated savings in the first year, and all did over time. The main source of savings was simplified administration. This was published in the prominent journal PLoS Medicine.

Dr. Kahn served for two years as President of the California chapter of Physicians for a National Health Program. Currently, he is health policy analyst for the podcast [Code WACK!](#) and editor and primary blogger for [Health Justice Monitor](#).

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