Reducing Inequality
Getting to Universal Health Insurance Coverage

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Inequality & Health Insurance

- Poverty due to poor health
  &
- Poor health due to poverty
## “Other” Medical Insurance

<table>
<thead>
<tr>
<th>P&amp;C Line</th>
<th>Percent of P&amp;C Insurance</th>
</tr>
</thead>
<tbody>
<tr>
<td>Private Auto</td>
<td>33.0%</td>
</tr>
<tr>
<td>Commercial Auto</td>
<td>5.1%</td>
</tr>
<tr>
<td>Homeowners</td>
<td>11.1%</td>
</tr>
<tr>
<td>Medical Malpractice</td>
<td>1.5%</td>
</tr>
<tr>
<td>Commercial &amp; Other</td>
<td>34.7%</td>
</tr>
<tr>
<td>Workers' Compensation</td>
<td>14.7%</td>
</tr>
</tbody>
</table>
Administrative Cost of Delivering $1 Medical Treatment

- Medicare: $0.05
- Group Health Workers' Comp: $0.14
- Workers' Comp: $1.25
Total Cost of Occupational Medical Treatment: Comparison of Delivery Under Workers' Compensation and Private Health Insurance

- Under WC
- Integration--NASI/NCCI est.
- Integration--NASI/CA Admin. est.

EMPLOYER COST—UNDER WC

EMPLOYER COST--INTEGRATION

EMPLOYER SAVINGS UNDER INTEGRATION

CALENDAR YEAR


$ billion

CALIFORNIA—10-Year Savings $110-$120 Billion
Health Insurance Reform Never Involves Integration

- Clinton reforms 1993
- Vermont effort 2006-2014
- California’s current legislation (SB 562)
Reform Never Involves Integration---WHY?

- All active stakeholders are
  - **Neutral** (Health Insurers), or
  - **Opposed** (Doctors, Plaintiff & Defense Attorneys, Insurers, Hospitals, etc.)
Building a Coalitions for Universal Coverage

Employers + Labor

- Employer uncertainty over savings
- Labor’s sense that the “Grand Bargain” means all savings go directly to labor

NASI’s next challenge—educating labor & employers and building a force for change?