Health Care Coverage
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Specific Purpose: At the end of my speech, the audience will be able to explain issues related to the current health insurance programs available in the United States.

Central Idea: The two main systems of health insurance in the United States are private health insurance, which is very expensive and does not always provide complete coverage, and government health insurance programs, which provide basic coverage only for certain groups of people; however, the most at risk group of all are people who lack insurance altogether.

Analysis of Audience & Situation:

Demographic factors- The audience I will be speaking to will be mostly in the 18-25 year old age range and be a combination of both male and female. The sexual orientation of my audience may vary greatly as will the socioeconomic status. There are several different racial groups represented in my audience, including Caucasian, Hawaiian, Asian, African American, and Hispanic or Latino. Having such a diverse audience will most likely result in having very different thoughts based on the culture of their upbringing. These factors will all influence how they connect to my speech because based on their individual demographics will influence whether they have been positively or negatively affected by my topic.

Psychological factors- I believe my audience will see the significance in the topic I will be discussing. This is an issue that has been in headlines for a while now and I think my speech will help fill any information that they might have been confused or unsure about. They will find value in the information I will present because it has a connection to their lives now and in the future. My audience may have some preconceived notions based on what they have experienced but I hope they are willing to listen the information that is given to them and make an informed decision from it.

Situational factors- My speech will be given during my COM 111 class at one o’clock on Friday May 9, 2008 in room 333 of the Humanities and Social Sciences Building. There will be approximately 25 people in attendance. The weather is forecasted to be sunny all week which may be a distraction to my audience. Since my speech will be given on Friday may also become a distraction to my audience.

Organizational Pattern: Topical

OUTLINE OF SPEECH:

INTRODUCTION:

What if you got sick and needed an operation? What would you do? Well, go to the doctor, have the surgery and get better. But what would you do if you couldn’t afford any insurance? Or you have insurance through your employer but your plan does not cover the surgery? According to the Kaiser Family Foundation and
the Health Research and Educational Trust, premiums for employer-sponsored health insurance in the United States have been rising four times faster than workers’ earnings since 2000. Even if you have insurance you could go bankrupt trying to pay your medical bills. This is a sad situation that is occurring all across America everyday.

Today I am going to discuss with you the issues related to the different forms of health insurance. Health insurance is broadly classified as Private health insurance and government health insurance. Private health insurance can be a plan provided through an employer or purchased by an individual from a private company. Government health insurance includes the federal programs Medicare, Medicaid, and SCHIP, which stands for State Children’s Health Insurance Program. This is information that will be very important to you someday if the United States continues to have this type of coverage for their citizens. In addition, I will also be discussing the uninsured.

BODY:

I. As I just stated, private health insurance is a plan provided through an employer as part of a benefits package or purchased by an individual from a private company.

   A. A 2006 Census report, found that only 60% of the population is covered by employee health insurance.
      1. That amounts to about 200 million people.
      2. The bad news is over the past 20 years there has been nearly a 10% drop in employment based coverage.
      3. A PBS “Newshour” special report titled “The uninsured in America” adds that the decline in coverage is also because of a decrease in the employee’s who are choosing not to utilize this benefit due to higher premiums.
         a. Premiums are the monthly payment made in order to be covered by the insurance.
         b. According to the National Coalition on Health Care, the average employee contribution to company-provided health insurance has increased almost 150 percent since 2000.
   
   B. These sharp rate increases have put a tremendous amount of strain on the pocketbooks of Americans.
      1. An article in Health Affairs Journal states that over 2 million people filed for bankruptcy in 2001 because they couldn’t afford to pay their medical bills.
         a. This is what is called “medical bankruptcy”.
         b. Over 75% of the medical bankruptcies were individuals who have insurance.
         c. Every 30 seconds in the United States someone files for bankruptcy in the aftermath of a serious health problem.
   
   C. A smaller subgroup of privately insured people is the underinsured.
      1. The same “Newshour” special report defines underinsured as a person who has an insurance plan but their medical expenses exceed to 10 percent of their income.
      2. To be underinsured can also mean that a person has an insurance plan but the plan does not cover all of their needs.
      3. The 2002 film “John Q” staring Denzel Washington brought more attention to the issue.
a. In the film Washington’s character’s son is in need of a heart transplant but his insurance will not cover the procedure.
b. A recent Consumer Reports study found that 30 percent of people who had health insurance were “underinsured” with coverage so inadequate they often postponed medical care because of costs.

II. The other category of insurance programs is insurance available from the government.

A. The same 2006 Census report stated that the number of people covered by government health programs has decreased to below 30%.

B. The government health programs are Medicare, Medicaid, and the SCHIP program.
1. Medicare is for people who are age 65 and older and people under age 65 who have certain disabilities.
   a. The 2006 Census report states that just over 40 million people are covered by Medicare.
   b. Medicare covers inpatient hospital care, doctor’s services, outpatient hospital care and prescription drugs.
2. The main problem with Medicare is that it is very expensive with an annual cost of $270 billion making it the second most expensive federal program after social security.
   a. Many policymakers do not believe Medicare will be able to survive in its current state with the surge of baby boomers becoming eligible in 2010.
   b. It has been projected that Medicare will exhaust its trust-fund by 2026.
3. Medicaid is another federally funded health insurance program.
   a. The 2006 Census report states that just under 40 million people are covered by Medicaid.
   b. It is available to certain low-income individuals and families.
      (a) They have to meet certain requirements that include age, disability, and citizenship.
      (b) The Medicaid program does not provide health care services, even for very poor persons, unless they are in one of the designated eligibility groups.
4. As I said before, SCHIP stands for State Children’s Health Insurance Program.
   a. SCHIP is funded by federal and state governments and is administered by each individual state.
   b. SCHIP operates in all states, making nearly all otherwise uninsured children with family incomes up to twice the poverty level eligible for public coverage.
   c. A recent study for the Kaiser Family Foundation projected that each rise in unemployment of one percentage point would add 600,000 children and 400,000 adults to the Medicaid and SCHIP programs.
      (a) That would require almost $5 billion in addition to what is currently being spent.
   d. In addition to being expensive, SCHIP still does not cover all children.
      (a) The 2006 Census report says that there are almost 9 million children with no insurance.
Almost 30% of eligible children are not covered by SCHIP and go without insurance.

The rest of those children are in families who make too much money to qualify for SCHIP but don’t make enough to provide health insurance of their own.

III. The final group I am going to talk about today is the most at risk group of all. The uninsured.

A. The 2006 Census report found that 15% of Americans are uninsured.
   1. Since we live in a nation with such a large population, 15% actually accounts for almost 50 million people.
   2. 50 million people who delay the treatment of preventable diseases because they cannot afford the cost.
      a. The Institute of Medicine estimates that the United States spends nearly $100 billion per year to provide uninsured residents with emergency services, often for preventable diseases that could be treated more efficiently with earlier diagnosis.
      b. 18,000 people die each year that are uninsured and delay treatment until they are too sick to live.

CONCLUSION: The United States is supposed to be the land of the free and the home of the brave. But when the free and the brave get sick, they’re on their own. As I have explained, the two main categories each have their issues. Private insurance doesn’t always provide exceptional coverage and is very expensive for both the individual and the company providing it. Government programs provide basic coverage for certain people. The problem is many people and procedures are left out. The group I am most concerned with is the uninsured because they are receiving no help at all. This is the United States of America, the most powerful and wealthy nation in the world. The nation where everyone is created equal. That it, unless you get sick.

Reference List:


