

## Insurers Should Not Force Patients to Play Doctor **Louis Tharp\***

**Received:** June 16, 2021, **Accepted:** June 25, 2021, **Published:** June 30, 2021

Executive Director, Co-founder, Global  
Healthy Living Foundation, USA

Emergency rooms (ERs) play a critical role in assessing and treating what could be disabling or life-threatening conditions. People who seek emergency care aren't in the waiting room on a whim, but rather because they are experiencing unexpected or fast progressing symptoms they feel cannot wait for an hours or days away appointment with their health care provider. However, if United Healthcare opts to advance a planned policy to decline payment for emergency room visits that it deems nonurgent, then the onus is on patients to make a hurried, uneducated, judgement call on whether they ought to go to the hospital.

That United Healthcare expects patients to make a quick cost/benefit analysis to determine if their symptoms warrant the emergency room is an impossible ask for the average patient who is not a doctor. As of mid-June 2021, United Healthcare has delayed implementation of this policy until after the pandemic and national health emergency is over. However, raising awareness of how this plan and other protocols that place the burden of accessing and affording care on patients remains a priority.

During the early months of the pandemic as people took stay at home orders seriously, the U.S. Centers for Disease Control reported that emergency room visits declined by 41 percent [1]. They later found that ER visits decreased 23 percent for heart attack, 20 percent for stroke, and 10 percent for hyperglycemic crisis compared to the previous pre-pandemic 10-week period [2]. How many of these patients suffered worse outcomes when they decided not to go to the emergency department?

United Healthcare's proposed policy is one of many insurance company protocols that puts the burden on patients to make decisions about their healthcare based on affordability and access versus the medical advice provided by their physicians. Our organization, the Global Healthy Living Foundation, has published patient-centered, peer-reviewed studies on two of these health insurance protocols: step therapy [3] and prior authorization [4]. Like the emergency room policy, neither benefits the patient, and existing patient-protection laws -- which vary widely or are nonexistent state-to-state -- are often flaunted by insurers.

Insurance companies are shortsighted to indiscriminately delay treatment through step therapy, prior authorization, and by using fear of a large bill to deter emergency room visits. Undertreated patients utilize more healthcare services over the long-term, generating more costs to insurers, but probably not the insurer

### \*Corresponding author:

Louis Tharp

 ltharp@ghlf.org

Executive Director, Co-founder, Global  
Healthy Living Foundation, USA

**Citation:** Tharp L (2021) Insurers Should Not Force Patients to Play Doctor. Health Sci J. 15 No. 6: 848.

that originally denied or delayed treatment because people tend to change insurers every few years. So while the insurer who denied or delayed coverage may not be the one paying for resulting future medical issues, it impacts the healthcare system overall. The personal cost to patients is significant, such as their overall health, quality of life or ability to work or participate in activities important to them, doesn't factor into the health insurer's analysis, either [5].

Since January 1, 2021, the federal government requires hospitals to post the prices of "shoppable services in a consumer-friendly format [6]. However, Kaiser Health News explains that these lists are often hidden and hard to understand if services are described in medical jargon [7]. When it comes to visiting the emergency room, the average person who is in pain, suffering escalating symptoms, or experiencing a mental health crisis cannot do a quick calculation about what it might cost them to visit the hospital versus biding their time to visit an urgent care center their regular physician or the cost of doing nothing.

When you are sick, you want to feel better. People with health insurance -- either private or public -- expect to have reasonable access to their physicians and recommended treatments. Let's stop putting the burden of cost decisions on the shoulders of patients and write laws that reign in profit-motivated insurer policies that require patients to make medical decisions. Insurance companies have played doctor for so long with programs like step therapy and prior authorization, that they now believe patients should play doctor, as well. This is a bad idea.

## References

- 1 Czeisler MÉ, Marynak K, Clarke KEN, Salah Z, Shakya I, et al. (2020) Delay or Avoidance of Medical Care Because of COVID-19–Related Concerns — United States, June 2020. *MMWR Morb Mortal Wkly Rep* 69:1250–1257.
- 2 Lange SJ, Ritchey MD, Goodman AB, Dias T, Twentyman E, et al. (2020) Potential Indirect Effects of the COVID-19 Pandemic on Use of Emergency Departments for Acute Life-Threatening Conditions — United States, January–May 2020. *MMWR Morb Mortal Wkly Rep* 69:795–800.
- 3 Tharp L, Rothblatt Z (2021) Do patients benefit from legislation regulating step therapy? *Health Econ Policy Law* pp: 1-16.
- 4 Popovian R, Winegarden W (2021) An Estimate of Net Benefits from Prior Authorization Policies in the Health Sci J15: 833.
- 5 Batko B, Rolska-Wójcik P, Władysiuk M (2019) Indirect Costs of Rheumatoid Arthritis Depending on Type of Treatment-A Systematic Literature Review. *Int J Environ Res Public Health* 16:2966.
- 6 Centers for Medicare and Medicaid Services (2021) Hospital Price Transparency.
- 7 Findlay S (2021) As Hospitals Post Price Lists, Consumers are asked to Check up on Them. *Kaiser Health News*.