

The Universal Healthcare Controversy in the United States

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Among developed countries, the United States is the only country without universal healthcare despite its nominal GDP of \$21.44 trillion, which far surpasses the second place country, China, which has a national GDP of \$13.4 trillion (“GDP Ranked by Country 2020,” 2020). Americans can obtain coverage through the Affordable Care Act, which is equivalent to Obamacare, Medicaid, and Medicare, however, benefits do not reach all people and do not provide full medical support. About 28 million people in the United States, 8.5 percent of the U.S. population, are uninsured according to the 2017 census data (Armour, 2019). The U.S. spends two to three times as much per capita on healthcare as other developed countries with universal healthcare (Merelli, 2017). Universal healthcare has been proposed since the 1900s without success (Boudreau, 2017). This is because universal healthcare would have major implications; interest groups, including physicians, hospitals, insurance companies, and large employers, have fought over universal healthcare since the early 20th centuries (Bloom et al., 2018).

While the United States has leading medical experts with cutting-edge medical devices, it also has extremely expensive medical care. Drug costs in the United State are much higher than those of other developed countries and a simple visit to a doctor for consultation costs at least \$100 (“How Much Does Healthcare Cost in the U.S.A,” 2020). Medical expenses can burden middle class households and deprive low income households of access to care (Boudreau, 2017). Despite hefty expenses, Americans tend to give a good rating on their healthcare services

(Mccarthy, 2018). However, researchers noted that those satisfaction rates reflected the views of people who could afford expensive private insurance fees (Boudreau, 2017).

This argument on quality of the medical services in the United States seems debatable regarding the fact that the U.S. healthcare is globally ranked in 37th place and performing more poorly than other countries that have already established universal healthcare systems according to the Healthcare Rank provided by the U.S. News & World Report (World Population Review, 2020).

The U.S. spends more on healthcare than any other country. According to the World Bank, the U.S. spent 17.1 percent of its GDP on healthcare in 2014, a far greater share than in other G8 nations (Dewar, 2017). The U.S. spent \$3.65 trillion on healthcare in 2018 (Sherman, 2019). Nevertheless, mortality rates among middle-aged white people have been rising, driven by substance use, suicide, and injuries (Bloom et al., 2018). Americans see a doctor relatively infrequently, in 2013 an average American visited a doctor roughly 4 times per year, compared to about 8 visits by Canadians and 13 visits by Japanese (Dewar, 2017).

The term universal healthcare is often used to represent either single-payer healthcare or Medicare for All (Young, 2018). To clarify these terms, universal healthcare refers to a healthcare system where every individual has healthcare coverage. Single-payer system refers to a health system that one entity, usually the government, is responsible for paying any healthcare claims. Another related term, socialized medicine system, refers to a system that the government not only pays for healthcare but is also in charge of the hospitals and has supervision over the medical staff (Montgomery, 2020). The key difference between the single-payer system and Medicare for All is that single-payer intends to remove private health insurance while Medicare for All does not necessarily mean that, though, the explanation for Medicare for All varies for

different individuals (Sarlin, 2019a). For the purpose of this research paper, universal healthcare refers to the single-payer healthcare system.

Participants in the healthcare industry in the United States include pharmaceutical companies, insurance companies, medical professionals, hospitals, citizen groups, civil right groups, and patients. Pharmaceutical and insurance companies dominate the healthcare system due to their economic size. Healthcare providers include hospitals and medical practitioners, including physicians. Conservatives and civil right groups are also influential. Health insurance companies, drug and medical device manufacturers and most healthcare providers oppose universal healthcare because it would diminish their earnings (Frakt & Oberlander, 2020). Conservatives and civil rights groups fight over universal healthcare because conservatives see care as a commodity while civil rights advocates tend to see it as a human right (Anderson, 2019). Linking health with dignity, Gerisch (2018), a healthcare advocate, contends that health is a right and the U.S. health system failed to ensure this right because it is not a healthcare system at all but only a health insurance system.

Universal healthcare is a fitting solution to current problems in health services in the U.S. It will provide equal coverage to every American reducing the financial burden of households. Universal healthcare will remove bureaucracies of medical corporations and waste administrative costs, thus, reducing overall health spending in the future. Lastly, the government-controlled health services will remove corruptions that is prevalent in the medical field and provide transparency to patients. It is crucial to have a fix for the dysfunctioning health system in American to make it a better place to live so that the life of people is valued more than monetary interest.

Review of Research

Healthcare is expensive; the burden of paying for medical care causes economic insecurity in low income and middle class families (Quadagno, 2010). The notoriously high cost of healthcare in the U.S. has several causes. Administrative costs are high due to the complex multi-payer structure of the U.S. healthcare system. Drug costs in the United States are much higher than in other countries because pharmaceutical companies can charge people as much as they want. Doctors in the United States tend to use technology, such as CT and MRI in their practice driving medical treatment cost expensive. They do this because they can make more money by performing more tests on patients. Pricing by individual healthcare providers drives healthcare costs even more because pharmaceutical companies have complete freedom of setting the price of their products (No Labels, 2019). In countries in which the government is the single payer, governments can better control healthcare costs through their influence on drug, medical equipment and hospital costs. They can negotiate with private companies, and influence medical practice on patients (Epstein, 2019).

The supporters of Medicare for All argue that universal healthcare coverage by the government will guarantee equal healthcare coverage to everyone regardless of their social status and income level. They argue that a single-payer system will simplify the U.S. healthcare system that is riddled with bureaucracies of big medical corporates. Universal healthcare will also cover every hospital and doctor in the U.S. and provide people more choice over providers. Universal healthcare will reduce administrative costs for doctors and hospitals and bring down healthcare spending by removing that waste. Ultimately, with a government-controlled system, the corruptions in the medical field will be greatly reduced (Archer, 2019).

Recently, Senator Bernie Sanders of Democratic party proposed the Medicare for All Act of 2019. In response, many healthcare interest groups, including insurance companies and medical professionals, formed the Partnership for America's Health Care Future to oppose it. Coalition members include the Blue Cross Blue Shield Association, PHrMa, the American Medical Association (AMA), and the Federation of American Hospitals. The coalition opposes overhauling U.S. healthcare. Charles N. Kahn III, the president of the Federation of American Hospitals, which represents investor-owned hospitals, said: "We have a structure that frankly works for most Americans. Let's make it work for all Americans. We reject the notion that we need to turn the whole apple cart over and start all over again" (Pear, 2019).

In 2017 the Republican-controlled Senate proposed to repeal Obamacare. Many healthcare groups, including American Hospital Association (AHA) and AMA, opposed the efforts fearing its disruptive effect. Patient and provider groups, including the American Cancer Society, Cancer Action Network, and the American Heart Association, also opposed repeal, arguing it would limit patients' access to coverage and care. However, many insurance companies favored repeal so that they could charge their customers much more (Hellmann, 2017).

The AMA opposes universal healthcare. Though it supported the Affordable Care Act, it joined the Partnership for America's Health Care Future, a coalition of hospitals, drug companies and others in the medical sector which has the single purpose of opposing universal healthcare. Nevertheless, roughly 50 percent of the AMA House of Delegates voted to end opposition to universal healthcare as an official AMA policy position, indicating AMA's stance may change (Scott, 2019). Similarly, in 2017 many physicians opposed the Republicans proposal to repeal Obamacare. Many healthcare groups, including AHA and AMA, opposed the efforts, fearing

their disruptive effect. Patient and provider groups, including the American Cancer Society, Cancer Action Network, and the American Heart Association, also opposed repeal, arguing it would limit patients' access to coverage and care (Hellmann, 2017). Such actions suggest that many American doctors put patients' well being ahead of their own material interests. However, not every physician shares the same opinion. Some believe that universal healthcare can bring negative outcomes in the U.S.

Those who oppose universal healthcare argue that the implementation of it does not solve the current medical situation in the United States. They believe that the reduction in administrative costs resulting from moving from private healthcare to government sponsored universal healthcare would not be beneficial enough to people regarding increased tax rates that will follow along with the implementation of universal healthcare. According to them, administrative costs are not the main cause for high price of medical care in the United States and the real problem exists in overuse of healthcare services that involve expensive novel technologies and drugs. They also mentioned that, aside from cost issues, universal healthcare will greatly reduce freedom of physicians by subjecting them to undesired and unnecessary oversight by the government, not only that, universal healthcare would provide physicians with reduced reimbursement due to lack of price competition from private insurers. With everyone receiving healthcare, the rationing and long waiting time issues will also follow and along with the decreased quality of medical services. The opponents to universal healthcare argue that cost control is a better solution than implementing universal healthcare. They do not trust government-led healthcare because they have seen an already failed attempt before with TennCare, a managed-care Medicaid program that was adopted by Tennessee in 1994, which collapsed due to mismanagement and poor fiscal planning by the government (Diamond, 2009).

Though universal healthcare gives much promise, many people are worried that change is too radical and removal of the private health sector would result in a great number of job loss and financial damage. According to federal labor data, roughly 386,000 people were employed by health insurance carriers in 2018 and the workforce is larger if counting jobs associated with it (Cunningham, 2019). It is predicted that up to 2 million workers might lose their jobs when Medicare for All is implemented with elimination of private healthcare sectors, therefore, all the private insurance companies need to reshape themselves to other businesses or disband (Weinstein, 2018). America's Health Insurance Plans (AHIP), insurers' trade association, estimated that nearly 1.5 million workers in the health industry would be in danger of losing their job. Stanford researchers estimated that more than \$151 billion will be lost from 5,000 community hospitals under a Medicare for All plan and results in the loss of 860,000 to 1.5 million jobs. Along with that, it is predicted that nonprofit hospitals would lose 22 percent of a new revenue (Elisabeth Rosenthal, 2019). Economists analyzed that cutting administrative costs will ultimately require reduction of healthcare workers by mentioning "You can't have it both ways. You can't save through administrative simplicity and more jobs. The government won't need these people" (Pradhan, 2019).

Many American people have been suffering from inadequate and expensive healthcare services in the United States. There will be losses, however without fixing the healthcare problem now, more and more people will continuously suffer from it in the future. The Affordable Care Act only supports a certain group of people and private health insurance only benefits those who have sufficient wealth. Universal healthcare provides equal coverage, which is managed by the government, to every American and lifts the financial burden of households. Universal healthcare removes bureaucracies of medical corporations and waste in administrative

costs resulting in reduced healthcare expenditure. Lastly, the government-controlled health service removes a room for corruptions that are still prevalent in the medical field.

Universal healthcare reduces the financial burden of an individual household.

Universal healthcare provides equal coverage to every American, therefore reduces the financial burden of the individual household. The Committee for a Responsible Federal Budget estimated that Medicare for All will require a raise in payroll taxes by 32 percent on workers and businesses. However, despite the increased tax rate, the committee concluded that middle class families will save money overall (Sarlin, 2019b). The tax rates will go up because the federal government will be solely in charge of healthcare spending, however, households will have less financial burden than what they have in the current system because they no longer need to pay for insurance premiums and copayments for drugs under the universal healthcare (Katz et al., 2019).

With Medicare for All, companies and individuals would be free of insurance premiums and would not spend as much money on fees for hospitalizations, doctors' visits or medication. Along with that, the state government would spend less on Medicaid and benefits on state employees, resulting in lower state taxes (Sanger-Katz & Katz, 2019). Such cost reductions both in house and workplace ultimately lifts off the financial burden from an individual.

Healthcare costs have continuously harassed middle class families and continuously took out more money from their wages. Uncontrolled healthcare and related cost rise have put many families in debt. It is reported that the average premium for a family of four in 2019 is roughly \$20,576, which is amount detrimental to middle class wages (Berwick, 2019).

The cost of healthcare premiums have increased by 54 percent and worker's contributions to premiums have increased by 71 percent while wages have risen by only 26 percent (Berwick, 2019). Regarding sharp upward trends of healthcare premium cost, even with 32 percent raise in payroll taxes, an average middle class household will pay less in Medicare for All than what they pay now in current U.S. healthcare system if calculated with statistical estimate of middle class income, which ranged between \$41,000 - \$132,000 in 2017 Pew Research Center data (Sraders, 2019).

Universal healthcare removes waste in administrative cost.

It is reported that the administrative costs in healthcare services came out to be around \$812 billion, which is \$2,497 per person in the U.S. back in 2017, which is roughly 5 times of what Canada paid for the administrative cost for administration of healthcare per person (Abrams, 2020). The high administrative costs are the result of individual negotiation between insurance companies and hospitals and doctors. Result is different billing procedures that put additional financial burden on providers.

It is estimated that administrative savings from Medicare for All would be around \$600 billion a year, savings on prescription drugs would be roughly within \$200 - \$300 billion a year. More savings are possible with Medicare for All with a uniform electronic health records system, which would generate additional savings due to easier detection and correction of systematic errors (Archer, 2020).

Universal healthcare will remove corporate bureaucracies and waste in administrative costs, therefore reduces overall future health spending. Multiple studies were conducted in University of California campuses, examining the projected cost impact for single-payer health

insurance in the United States and the result indicated that the single-payer would reduce the system's financial burden (Cai et al., 2020). Even a right-wing think tank, the Mercatus Center has reported that there will be roughly \$2 trillion in net savings over 10 years if single-payer insurance is implemented (Archer, 2020).

Removal of administrative cost waste is an obvious benefit of the universal healthcare system because there will be no more for-profit private health insurers driving up health care costs as it is now. The insurers are still there, but they need to follow the coverage and payment rules set by the government to set prices at reasonable levels that people can afford (Archer, 2020).

Universal healthcare removes corruption in the system.

Implementation of a single-payer system will remove the corruption that has risen in the medical field. The U.S. laws fuel corruption in the health system because American policy-makers has legal freedom to accept funds from lobbying groups of corporations and shape healthcare policy for their own benefits (Witvliet, 2019). The policy-makers do not have limits in the number of bills they can introduce or support. No laws in the United States prevent them or their family members and acquaintances from holding stocks in the lobbying corporations. Such freedom of policy-maker makes powerful political figures in association with corporates to allow shape the health policy for their favors (Relman, 2019). The active connection between corporates and politics is evident with large spending in lobbying in the health industry. From 1998 to 2018, the pharmaceutical and health products industry spent approximately \$3.9 million. The insurance industry as a whole, spent roughly \$2.7 million; health insurance companies specifically spent \$1.6 million (Frankenfield, 2018).

Corrupt acts are not recognized as being corrupt in the medical field because they are condoned by government and medical professionals (Witvliet, 2019). This is evident with allowance for overcharging on pharmaceuticals in hospitals (Elisabeth Rosenthal, 2018). According to Rosenthal (2018), headache medicine costs less than \$2 in a store, but same medicine costs over \$10 in a hospital. Such corruption is allowed by the U.S. government and considered normative practice by medical professionals (Elisabeth Rosenthal, 2018).

Additional problems arise from the fact that most Americans do not know what goes on behind the scenes in health industries because people are busy trying to economically sustain their families (Witvliet, 2019). The health corruption negatively affects child health and harms socioeconomically vulnerable groups (Azfar & Gurgur, 2008).

Dainius Pūras, a doctor and a special Rapporteur in the United Nations (U.N.), states that the healthcare industry is one of the most corrupt industries in the world (Pūras, 2017). Witvliet (2019), a college professor teaching sociology, argues that the United States has been suffering from corruption in the health system and believes that the U.S. health industry generally concerns more on industry profit than the health of people. Healthcare corruptions are often manifested as forms of bribery, theft, fraud, absenteeism, and inflated costs (Lewis, 2006; Vian, 2008).

Studies have been conducted assessing what kinds of intervention would reduce the corruption in the health sector. Nine studies from various nations, including the U.S.A, South Korea, Germany and Kyrgyzstan, serve as evidence for the best measure to reduce corruption. Effective anti-corruption measures include improvements in the detection and punishment of corruption that are coordinated by an independent agency, guidelines prohibiting doctors from accepting benefits from the pharmaceutical industry, internal control practices in community

health centers, and increased transparency and accountability combined with reduced incentives for informal payments (Gaitonde et al., 2016). All of these measures can be easily followed by a single-payer system; therefore, universal healthcare serves as a perfect model in removing corruption in health sectors.

Conclusion

The health system in the United States has been controversial for decades since it is the only private market driven system among the healthcare systems in developed countries. Despite having the largest health expenditure among countries its performance has been doubtful among American people. The fight to establish universal health care has lasted for many decades too, however, the attempts met failure until now. The reasons behind the proponents and opponents of universal healthcare has been explored.

Despite the opponents' valid point in their argument, it is regardless true that a great number of people in America have suffered from seemingly poor private healthcare-driven U.S. health systems from unreasonably high price demands that are resulted from only the profit-seeking nature of the free market and bureaucracies behind it. The cost demand from private healthcare service has plummeted rapidly through modern history of America and its effect on general American households has been detrimental.

Universal healthcare is a radical change from the current healthcare system in the United States and it is most likely such rapid change will result in the collapse of one of the biggest industries in the United States along with loss of countless jobs and economic damages. However, the U.S. healthcare has been performed poorly to many individual Americans and grew deep-rooted distrust within people against medical professions and government.

It seems to be a fitting time, along with the breakout of the corona pandemic, to provide extensive healthcare coverage to every American to ensure the health and safety and lend a helping hand from the government to those who are in desperate need. It is not too late to rebuild trust on government and medical professions.

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