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### Medicare for All is the Best Healthcare Option For America

In his 1944 State of the Union address, Franklin D Roosevelt described what he called a “Second Bill of Rights”, a list of rights that every American should have. In this list he included “The right to adequate medical care”. Although he was unable to implement this idea into law, other politicians in the years since have worked to establish a healthcare system that treats adequate healthcare as a right of all people. The current healthcare system in the United States doesn’t benefit the people due to its high cost, the interests of private insurance, and the lack of choices about care that the cost and insurance system create. Therefore, the US should implement a system of universal health care using a similar model to the NHS in the UK or the SHI or NHI in Japan, as it would be cheaper, it would remove the ability of insurance companies to profit off of people unable to afford care, and it would allow patients to have more control over their healthcare.

The current healthcare system in the US doesn’t benefit the people due to its high cost.

According to the Center for Medicare and Medicare Services, “U.S. health care spending grew 4.6 percent in 2018, reaching \$3.6 trillion or \$11,172 per person.”(Health Expenditure Data) This may not seem unreasonable, but compared to other countries the amount the average person spends in the US is exorbitant. The Office of National Statistics in the UK collected data on

healthcare spending in 2017, and they found that the UK spent £2,989 or \$3,943 for each person, and the country they collected data on whose size is most comparable to the US, Japan, also spent far less than the US per capita, at £3,509 or \$4,629 (Cooper). This disparity means that Americans pay an average of 2.8 times as much as Brits and an average of 2.4 times more than the Japanese. Although we pay double or almost triple the amount that the rest of the developed world does on healthcare, some say that our care is worth it due to its higher quality. This is hard to quantify, as it is difficult to define better overall healthcare outcomes with a single statistic, but the best statistics that we can use are life expectancy and avoidable mortality. According to OECD statistics, when it comes to life expectancy in 2018, the US averages 78.7 years, whereas the UK averages 81.3 years and Japan averages 84.2 in 2017, the last time they presented data (OECD.Stat). Life expectancy is on the rise throughout the world, so we can assume that Japan's average for 2018 is at least as good as 2017 or higher. This may seem like a negligible margin, but 3 extra years of life on average for someone in the UK and 6 extra for someone in Japan is a major difference when you take into account the amount of medical advancements and quality of care it takes to raise the life expectancy one year. The OECD statistics also list the rates of avoidable mortality, combining treatable and preventable mortality. In 2016, the last year all 3 countries looked at presented statistics, the rate of deaths per 100,000 people due to avoidable mortality in the US was 262, whereas in the UK and Japan the rates were 187 and 132 respectively (OECD.Stat). The US had a rate twice that of Japan and still significantly higher than that of the UK. The US overall had a significantly lower life expectancy and significantly higher rate of avoidable mortality than the UK and Japan, all at over twice the cost per capita of healthcare in either of those countries.

Another thing that leads to the high cost is a lack of competition, which comes from a lack of transparency. When someone goes to buy a car, they can get a quote from multiple retailers and find the best deal. This creates competition between the car retailers, who have to compete to land that sale by lowering their price. This is the way that competition in all other industries work, and it is the way that hospitals are supposed to compete, but they get around that idea of transparency with something called a chargemaster. According to NPR, “Every hospital has its own master list of charges for different services. Those charges are different from hospital to hospital” (Mack). This chargemaster has the prices of every service that the hospital offers, and this chargemaster used to be secret, but it is now public, if indecipherable to the average consumer. Although this may seem like an improvement, according to an article from NBC posted 14 days after the Trump administration put into place a rule requiring hospitals to release a document listing their prices, “It’s virtually impossible for a layperson to read” (Chiwaya), meaning that the release does little to inform the consumer about how much they will be paying. This indecipherability is combined with the fact that hospitals will only notify the patient of how much their bill is after they have received your treatment. The combination of these two factors, the prices being difficult to check and the patient only being told how much they must pay after receiving the service, has prevented competition from bringing down the price of medical care in America. Although it dominates the healthcare industry in the US, this lack of transparency isn't present in Japan or the UK. In Japan for example, hospitals are not able to be run for profit, and the cost of each service and visit is regulated by the government. According to Health Affairs, a leading health policy journal, “While some marginal differences in the premium and copayment rates and other benefits exist among the plans, the fees that physicians derive from the services they provide are uniform regardless of the patient, the physician's experience, or the setting in

which the care is rendered“(Ikegami). The journal further explains that this uniformity prevents doctors and hospitals from adding on fees and pursuing specific methods of treatment which in the US the doctor would be paid more for, encouraging them to pursue the treatment that benefits their wallet more than it benefits the patient. This overall means that healthcare providers in Japan aren’t able to put profit above the level of care they provide, meaning the best interest of the patient is more likely to be put first.

One of the main causes of America’s exorbitant healthcare costs is private insurance and the ways that they take advantage of the current healthcare framework in America to increase profits. One of the most exploitative methods they use is to take advantage of people is negotiation with hospitals to secure better deals for their customers. NPR wrote an article on this that explains it best. “...Insurance companies don't pay those listed charges. The listed charges are almost fiction. Instead, each insurer negotiates for lower prices with each hospital and doctor on every plan.”() This negotiation may lead hospitals to raise their normal rates and offer the same rates they used to as the negotiated rate. Even if they keep the same rates from before the negotiation for people without insurance, those rates will be significantly higher than those that the insurance companies negotiated for. The same article also articulates the way that the consumer is unable to gauge this difference between the negotiated and original rates, meaning that they cannot tell how much money each health insurance plan will save them.

“There's almost nothing that a consumer can check to gauge the actual prices for their health care before buying health insurance”(Mack). This fact, that a consumer is unable to gauge the value of their insurance, leads to many customers who would be saving money by not paying for insurance making the choice to pay for it anyway just to be safe, even if they can barely afford it.

Another aspect of this issue is the fact that each insurance company only negotiates with a specific group of physicians and hospitals, known as their network. There are two main types of health insurance network systems, HMOs (health maintenance organizations) and PPOs (preferred provider organizations). According to HowStuffWorks, an HMO will only cover care that the patient receives in-network, but they have low copays and few other fees. This is because they are able to create a captive customer base for hospitals in their network by only covering care at those facilities. In contrast, a PPO will cover some of the costs of out-of-network care along with all of the costs of in-network care, but they have much higher premiums and only cover part of the out-of-network care costs. For many people with lower income, their only option for affordable care may be an HMO, which forces them to use certain hospitals and physicians, and limits access to specialists. This may limit their access to care all together, as accessing the nearest in-network hospital or doctor could require them to travel, which costs money, and they may have a condition that requires a specialist that isn't covered by their plan. By going to see that specialist, they would be forced to pay full price out-of-pocket for a service that is overpriced to compensate for the fact that patients accessing them usually have insurance to cover those services. This insurance situation where both HMOs and PPOs exist becomes even more complex when one adds in the fact that if the patient works at a company with more than 200 employees, their employer chooses the insurance that they will receive, which is paid for by the company. Although this may sound like a better situation than having to pay for one's insurance, as the company picks up the tab, the company becomes the entity which chooses what plan the employee receives, which often is the cheapest option, an HMO, and only serves to satisfy the requirement for that company to provide health insurance.

One of the main issues with the current healthcare system in the US that was mentioned previously is the cost, and implementing a system similar to that in the UK or Japan would lower the cost for each citizen. As was previously mentioned, the system of healthcare in the US costs about three times that of the system in the UK. A proposed solution to decrease healthcare costs through universal healthcare in the US is Senator Bernie Sanders' Medicare for All plan. In an article by Vox describing the complexities of the plan, it is mentioned that the plan would provide complete coverage of all healthcare, including dental care, vision, and prescription drugs (Kliff), which is more extensive than the universal healthcare plans in Canada and Australia, 2 other countries that progressive Americans look to when discussing the benefits of universal healthcare. There is confidence that this plan would reduce costs overall, as research from the Political Economy Research Institute at UMass Amherst states, "Medicare for All could reduce total health care spending in the U.S. by nearly 10 percent, to \$2.93 trillion, while creating stable access to good care for all U.S. residents." (Pollin) To pay for this proposed system, which would be cheaper than our current system but more expensive than the systems in Canada and Australia, Vox includes a list of methods that Sanders has proposed. This list of methods includes "a 4 percent income-based premium paid by employees, exempting the first \$29,000 in income for a family of four" and creating a more progressive estate tax, with the highest bracket having a rate of 77% for over 1 billion dollars. The article makes sure to mention that the US would need to implement more than one of these methods in order to have the funding for a Medicare for All system. Although it would be difficult to convince the American people and Congress that implementing a system with these extra costs would lower spending per capita on healthcare, the article makes sure to point out that this plan could lower the overall spending of

each citizen, as they would “no longer spending billions on premiums for employer-sponsored coverage.”(Vox) Even though this plan lacks detail when it comes to each funding option, if Sanders and his friends in the Senate can propose a plan detailing the specific changes to taxation and the other ways that they will fund it, based on what the Vox article mentioned, they would have a solid chance of convincing the people of America that their plan would save everyone money and eliminate the fear and uncertainty that not having health insurance and in turn not having access to quality medical care create.

Along with cost, the two other main issues that plague the American healthcare system are the interests of private insurance companies and the networks of hospitals and providers that they pioneered. A plan similar to that of the NHS in the UK would remove the need for networks but still allow for private insurance to exist, if only to pay for prescriptions and private hospital rooms, both of which aren't covered by the NHS. This is in contrast to the Sanders Medicare for All plan, which claims that it would cover all medical costs, including prescriptions. This would not only destroy the current network system but remove the need for health insurance altogether, causing the industry to collapse and in turn causing 1.8 million people to lose their jobs, according to Politico (Pradhan). Although this is a large amount of jobs to eliminate, the previously cited study from PERI at UMass Amherst claims that those who are currently employed at those jobs could be transitioned into new roles without too much disruption. They state in their research, “We nevertheless conclude that a workable transition process is achievable..That is, the transition can be accomplished while maintaining... a just transition for workers and communities that will be negatively affected in the move from our existing health care system to Medicare for All” (Pollin 119). If what this research suggests is able to be put into

practice, and that the loss of 1.8 million well paying middle-class jobs, the main obstacle for many proponents of Medicare for All, may be avoidable, the system of Medicare for All being proposed by Sanders would benefit every working and middle class American, giving them ease of access to healthcare that they might not have had before.

The current healthcare system in the United States doesn't benefit the people due to its high cost, the interests of private insurance, and the lack of choices about care that the cost and insurance system create. Therefore, the US should implement a system of universal health care using a similar model to the NHS in the UK or the SHI or NHI in Japan, as it would be cheaper, it would remove the ability of insurance companies to profit off of people unable to afford care, and it would allow patients to have more control over their healthcare. The only thing that is stopping the US from implementing a Medicare for All system is misinformation and lobbying perpetuated by the antiquated health insurance industry, which has billions of dollars that it is willing to spend to fight for its survival. If the people of America can all speak up and rally together to demand a healthcare system like Medicare for All that serves them, not the CEOs of insurance companies and hospitals, we could save thousands of lives and put into place a system that will serve our children and those of all Americans for the many generations to come.



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