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Stasis Module
ENGL 2010

The Stasis Model: National Health Care

Facts:

What history of health care does the United States have?

- The United States remains the only industrialized nation without government-sponsored single-payer health care. (Wiley)
- would constitute a wide-scale, comprehensive redistribution of health care services (Wiley)
- The American Medical Association (AMA) opposes it because it would further erode its already weakened—and once virtually monopoly—status. (Wiley)
- Private v. Welfare Sectors
- Widespread interest in universal health care began in the 1930s. During this era of the Great Depression, not only was there high unemployment, but also there was no private health insurance. (Wiley)
- Government permitted health coverage in lieu of money during WWII, making employer-sponsored health care an issue at the bargaining table. So almost all employed persons had healthcare paid by employers. (Wiley)
- There was no universal government plan, but the combination of all federal health programs (Medicare, Medicaid, Veterans Administration, CHAMPUS, Federal Employees Benefits Program, Indian Affairs, etc.) made the United States government by the year 2000 the largest single payer of health care in the world (Wiley)

What about the expenses?

- 45 million Americans lack health insurance in 2007, 15% of the population. (Henry J. Kaiser Family Foundation. (on cqpress)
- Most tax-supported single-payer systems control costs by determining the efficacy and cost-effectiveness of medical interventions (Clemmitt 2009)
- Single-payer, universal coverage also would require all taxpayers to subsidize care for irresponsible people (Clemmitt 2009)
- The single-payer systems that Canada has in each province hold down costs while covering everyone, argued Sen. Hugh Segal, a Conservative Party member of the Canadian Senate. In 2006, "The U.S. spent $6,714 per capita" without covering all its citizens, "while Canada … spent $3,678" with universal coverage. (Gloria Galloway, "Tory Senator Goes to Bat for Health Care," [Toronto] *Globe and Mail*, July 8, 2009, www.theglobeandmail.com.)
- Congressional Budget Office (CBO) estimated the cost to the government of a pending bill at $1.6 trillion over 10 years...While the price seems daunting on the surface, it amounts to "less than 1 percent" of our gross domestic product (GDP) over that period (Clemmitt 2009)
- The Organisation for Economic Co-operation and Development (OECD) reports that the United States spent $7,290 per person on health care in 2007, while the next biggest spenders — Norway and Switzerland — spent about 40 percent less while providing universal coverage ("OECD Health Data 2009," Organisation for Economic Co-operation and Development, June 2009, www.oecd.org/document/30/0,3343,en_2649_34631_12968734_1_1_1_37407,00.html.)
- the United States lags far behind France, Canada, Germany and the United Kingdom in overall

life expectancy and health status (Clemmitt)

- A recent survey found "far more Americans [with serious chronic illnesses] … forgoing health care because of cost" than patients in Australia, Canada, France, Germany, the Netherlands, New Zealand and the United Kingdom, points out Peter Singer, a Princeton University professor of bioethics. Fifty-four percent of the respondents said they hadn't filled a prescription, visited a doctor when sick or followed recommended care, compared to just 13 percent in the U.K. and 7 percent in the Netherlands (Peter Singer, "Why We Must Ration Health Care," *The New York Times Magazine*, July 19, 2009, p. MM38.)

What options for Health Care do we have?

- Health insurance systems around the world vary enormously, but they all embrace an explicit national commitment to insure all, or nearly all, residents and endorse a health-care budget process centered on that commitment. (Clemmitt 2009)
- In some countries, government is the "single payer," functioning like a U.S. private insurer. In others, the government collects revenues and sets rules, but private insurers do the health-care purchasing. The U.K. is the only Western European government that owns hospitals and employs doctors directly. (Clemmitt 2009)
- In Germany, everyone must buy health insurance; taxes subsidize premiums based on families' income level and the government collects all premiums in a national pool. The government then divvies the money out to insurers based on the relative health risks of their enrollees (Clemmitt 2009)
- three key 'functional' dimensions of clinical health care provision as they apply to actually existing health care systems...*finance* or the means by which health care systems are paid for; second, forms of health care *provision* or delivery; and, third, the level at which the state intervenes to *regulate* the operation of the health care system (SageUK)
- two 'ideal-types' of health care system can be identified as operating in the EU. These are national health service-type models that exist not only in the UK, but also in the Nordic Countries as well as Spain and Italy. And social health insurance-type (SHI) models which exist in France, Germany, the Netherlands and Belgium. (SageUK)
- in most developed countries finance is managed by a third party, either the state, not-for-profit organizations, or private insurance companies. (SageUK)
- In nearly all EU member states the primary source of financing health is public funding (SageUK)

How to organize and run Health-care?

- A number of regulatory models can be found in operation in health care systems
  - regulation is achieved directly through the imposition of mandatory rules with a strong top-down or command and control role for the state.
  - Regulation can also be achieved through the creation of incentives for competition within a health care market,
  - or it can occur through the building of organizational networks that become mutually dependent upon one another (Saltman,2002)

Definition:

- "Universal health care...is defined as health care for all residents of the United States funded by the federal government under its single-payer system." (Wiley)
- Finance: How health care is funded. Can be funded by direct taxation as in the UK, state-sponsered compulsory social insurance schemes like France, or voluntary private insurance schemes like the current USA. (SageUK)

- Provision is the range of care provided to citizens. Can be private or public or inbetween. The services available to citizens is based on the provision (for example the ability to choose doctors or hospitals may not be possible to a citizen of a country with an all publicly funded system like the UK)
- Regulation is how the government maintains order of the healthcare system. National healthare is a large scale organization but patient health care is something that is difficult to effectively and efficiently deliver through such a conventional hierarchical structure (SageUK)

Cause/Effect

- The talk of healthcare through a nationalized system has been around since the Great Depression, and since the US is the only developed country that still doesn't have a universal health care system, it's only a matter of time before we develop one. The outcome will be universal healthcare, but the type of plan is yet to be determined.

Values

- Universal Health care is definitely good when you look at it as allowing all residents of the country health care, but when you get into the details of regulation and financing it gets harder to determine good and bad. The way we fund the plan can be good if it ends up with citizens paying less than normal for equal coverage or better than they have through privatized systems. But some people might get worse coverage if it was all public and not through private companies and employers. I would say in general, good, in specifics it's really based on the individual's opinion and where they stand with their current insurance.

Policy Proposal

- After my research so far, I think that my proposal would be to go for an social health insurance type of plan that Germany and France use. It's a happy medium of all public and all private funding for universal healthcare. I think that for a country like the US which is currently all funded privately for what healthcare we have now, it would be really hard to switch to the opposite end of the spectrum of national health insurance that countries like the UK have. It also seems like more people would be happier because those without healthcare, would get the basic through taxpayer money, and those with current plans could still have the same coverage on top of the universal plan through insurance companies, and then the private companies would also not completely lose. This appears to be the least painful, and most beneficial route to take, but just copying another country's plan wouldn't work, we would have to specialize it for the US citizens.

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