

**THE UNITED STATES HEALTHCARE SYSTEM FROM A COMPARATIVE
PERSPECTIVE: THE PROSPECTS FOR UNIVERSAL HEALTHCARE IN AMERICA**

by
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Abstract

America is still the only industrialized nation not to have universal healthcare. Many Americans are uninsured, underinsured, or unable to afford their prescription medications. Many citizens have been fighting for a more equitable healthcare system for generations. The industrialized nations of France, Sweden, Germany, Denmark, Japan, Canada, and the United Kingdom provide universal healthcare and achieve lower healthcare costs, longer life expectancies, and more equitable care for their citizens. In this thesis, an assessment of the ongoing challenges of the American healthcare system will be compared to universal healthcare systems around the world.

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Chapter 1: Introduction

The American healthcare system has become a system that prioritizes profits when American residents need a healthcare system that is accessible and affordable to them, prioritizing the delivery of stellar healthcare. Industrialized nations throughout the world have adopted their independent versions of Universal Healthcare (UHC). They ensure their country's residents have access to healthcare when necessary. The countries that will be dissected throughout this thesis make healthcare affordable and accessible for their residents. These healthcare systems consistently earn better ratings than the United States' current healthcare system.

The contents of Chapter Two targets some of the more outstanding problems in the American healthcare system including escalated pharmaceutical prices, disparities in healthcare by race or ethnicity, and the repeated failure of healthcare reform. This reform was intended to

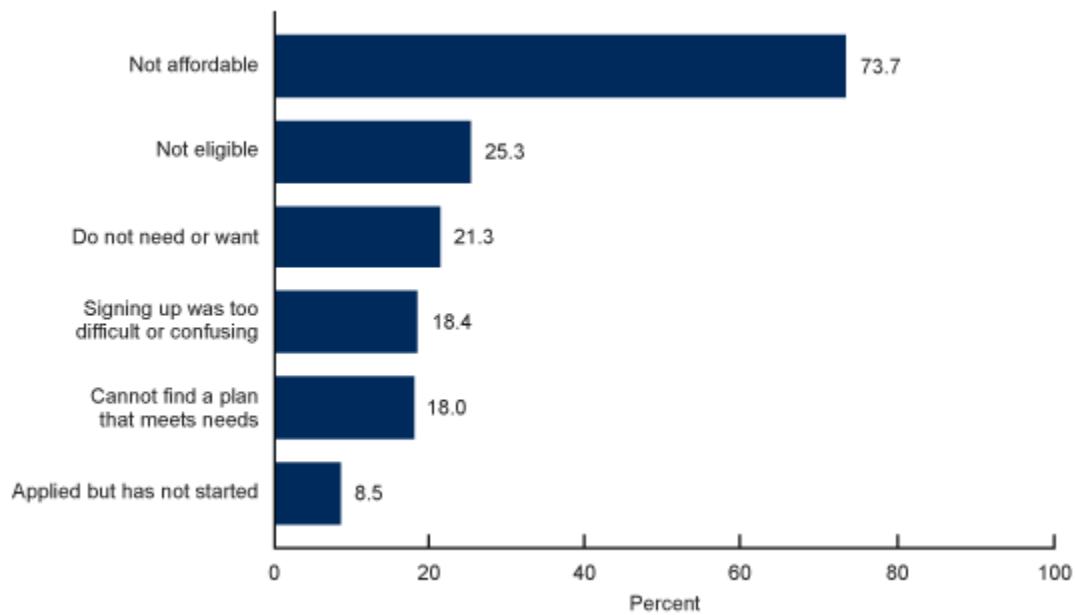
move the United States closer to being a UHC system. Chapter Three will highlight the accessibility and affordability of healthcare within UHC systems while displaying amendments that United States could make to their healthcare system based on the successes of these other nations. Chapter Four will expand further on the UHC systems throughout the world and discusses which of these healthcare systems would be best implemented and understood. Analyzing which UHC system would yield the best results if identical or a hybrid of two selected UHC systems were implemented in the United States is also presented. The analysis completed in Chapter Four would offer a solution to the obstacles Americans face under their current healthcare system. The conclusion will review how a UHC system could benefit Americans and create a system accessible to all.

In the United States, citizens under sixty-five whose healthcare is tied to their individual (or their family member's) employment are left vulnerable if employment is lost. This practice would not be experienced within a UHC system. After the age of sixty-five, Americans have the option to use the Medicare system. This practice would not be experienced within a UHC system.

Insurance companies in America had the freedom to deny coverage due to pre-existing conditions or past family medical history before the passing of the Affordable Care Act (P.L.111-148) (ACA) in 2010. Technicalities such as not covering specific procedures or pharmaceuticals. Nevertheless, insurance companies still spend exorbitant amounts of money to pursue various legal avenues in an effort to avoid paying claims, therefore satisfying their investors' profits. These practices make some health insurance providers for-profit businesses who have the opportunity to leave people vulnerable to the healthcare system.

While the ACA has attempted to close these loopholes throughout the healthcare industry, America is still agonizing about the population of its citizens living without healthcare coverage.¹ In 2018 there were 18.2 million fewer uninsured people in the U.S. than when the ACA became law.² However, in 2018, an estimated 30.4 million people were uninsured, up from a low of 28.6 million in 2016.³ In 2019 the rate of uninsured began to rise again, with 14.5% of the American population (18-64) being uninsured, citing the lack of ability to afford it as the predominant reason for not having health insurance.

Percentage of Adults aged 18–64 who Identified with Selected Reasons for Being currently uninsured: United States, 2019



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¹ “Who Are the Remaining Uninsured, and Why Do They Lack Coverage?” Commonwealth Fund.

² IBID

³ “Products - Data Briefs - Number 382 - September 2020,” Centers for Disease Control and Prevention (Centers for Disease Control and Prevention, September 30, 2020).

⁴ IBID

In 2020 the rates of the uninsured decreased by a small margin.⁵ In 2020, 31.6 million persons of all ages (9.7%) were uninsured at the time of the interview, lower than, but not significantly different from, 2019, where 33.2 million persons of all ages (10.3%) were uninsured.⁶ In 2020, among adults aged 18–64, 13.9% were uninsured at the time of the interview, 20.5% had public coverage, and 67.5% had private health insurance coverage. While a vast amount of Americans are affected by their inability to procure health insurance, specific demographics of the population are impacted at increasing rates.⁷ The groups with the most significant increase in rates of uninsured were from 2016 to 2018 were among women, people living in households with an annual income below \$48,000, and people younger than 35 years.⁸ The young people within the study reached an uninsured rate of 21% an increase of 4.8% from 2016.⁹ The effects of the Affordable Care Act led to positive outcomes in many states as Medicaid enrollment expanded and other states were able to get marketplace subsidies giving their citizens affordable health insurance. The ACA's (P.L. 111-148) dependent-coverage provision decreased out-of-pocket health costs among enrolled persons, reduced deaths from cardiovascular-related causes among middle-aged adults, and deaths from end-stage renal disease. It also made primary and specialty care services and prescription drug access higher among low-income adults in states that expanded Medicaid.

⁵ "Health Insurance Coverage: Early Release of Estimates from ...," accessed December 7, 2021, <https://www.cdc.gov/nchs/data/nhis/earlyrelease/insur202102-508.pdf>.

⁶ Health Insurance Coverage: Early Release of Estimates from ...," accessed December 7, 2021, <https://www.cdc.gov/nchs/data/nhis/earlyrelease/insur202102-508.pdf>.

⁷ Sofer, Dalia the Number of Uninsured Americans Is on the Rise Again, *AJN, American Journal of Nursing*: April 2019 - Volume 119 - Issue 4 - p 15

⁸ IBID

⁹ "The Affordable Care Act at 10 Years: What's the Effect on Health Care Coverage and Access?" *ACA at 10 Years: What's the Effect on Coverage and Access?* | Commonwealth Fund

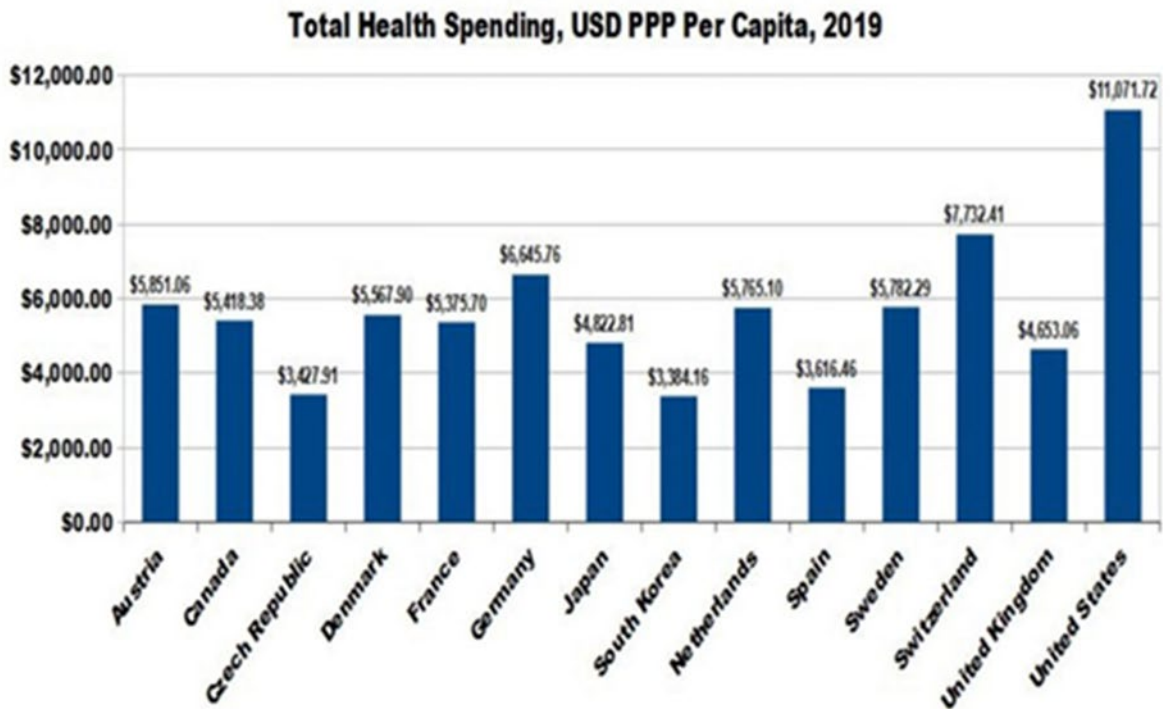
America has a large amount of uninsured citizens while having the most expensive healthcare system compared to the countries that will be discussed in chapter three.¹⁰ America's healthcare system costs the most of any nation, 17.5% of the American Gross Domestic Product, yet leaves the most people out of any prosperous nation. In contrast, other wealthy nations spend less money and include almost if not all citizens in their healthcare system. The German healthcare system allows the affluent population to bypass the government health insurance system to avoid a possible strain from their participation. Japan allows citizens to default on their health insurance, although they must keep their account current before health insurance starts paying their medical bills again.

Many Americans have been fighting for universal healthcare for decades with no success due to the swaying of public opinion through misinformation. One example is the "Harry and Louise" commercial created by big insurance companies who did not want additional public coverage in the system. The "Harry and Louise" commercial led many Americans to believe that healthcare prices would inflate drastically under President Clinton's healthcare reform. The commercial also convinced some Americans they would lose their options in coverage and medical personnel while living under the weight and pressure of medical bills and debt acquired from using the new healthcare system. The fears invoked by this commercial echo many of the problems faced by Americans under the current healthcare system but differs drastically from the problems faced by industrialized nations with universal healthcare. Industrialized nations such as Germany and France face difficulties in keeping healthcare affordable as healthcare costs rise globally while attempting to give equal and equitable care to every citizen. They are actively

¹⁰ T. R. Reid, *The Healing of America: A Global Quest for Better, Cheaper, and Fairer Health Care* (New York: Penguin Press, 2010).

working to maintain the funds necessary to keep their systems functioning at the high level their citizens are accustomed receiving.

Total Health Spending, USD PPP, Per capita



Source: OECD (2021), Health spending (indicator). doi: 10.1787/8643de7e-en (Accessed on 27 January 2021).
Chart and graphic copyright © 2021 Real Reporting Foundation HealthSystemsFacts.org.

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As the Covid-19 pandemic began, Americans watched as their healthcare system revealed its flaws in front of the world. The racial disparities in healthcare were exposed as African

¹¹ "Health Systems Facts. Just Facts. No Bias. HealthSystemsFacts.org," Health Systems Facts.

American and Hispanic communities impacted by COVID-19 saw their communities ravaged by the effects of the virus. Transmission through these communities was attributed heavily to low-wage or close contact jobs they had to work, such as fast food, factories, warehouses, and long-term living facilities.¹² People who work in these settings have higher chances of being exposed to COVID-19 because these jobs require frequent or close contact with the public or other workers, involve activities that cannot be done from home, and may lack benefits such as paid sick days.

Working in these types of environments contributes to the lack of access to affordable and quality housing, many times causing close quarter living or living in multi-generational households.¹³ Limited wages may limit housing options to neighborhoods and residences primarily composed of other racial and ethnic minority groups, crowded conditions, and lack access to reliable transportation.¹⁴ These conditions may make illnesses, diseases, and injuries more common and more severe when experienced. Simultaneously, this population may also experience a lack of access to nutritious, affordable foods, and environmental pollution within their neighborhoods.¹⁵ As the COVID-19 pandemic raged on, America reached 150,000 deaths including 30,648 Black lives have been lost to the coronavirus equaling 23 percent of all U.S. deaths where race was known.¹⁶ The deaths were broken down by race or ethnicity, with 74 Black Americans dying per 100,000 people compared to 30 White Americans per 100,000 people as of July 30, 2020.

¹² "COVID-19 Racial and Ethnic Disparities," Centers for Disease Control and Prevention (Centers for Disease Control and Prevention).

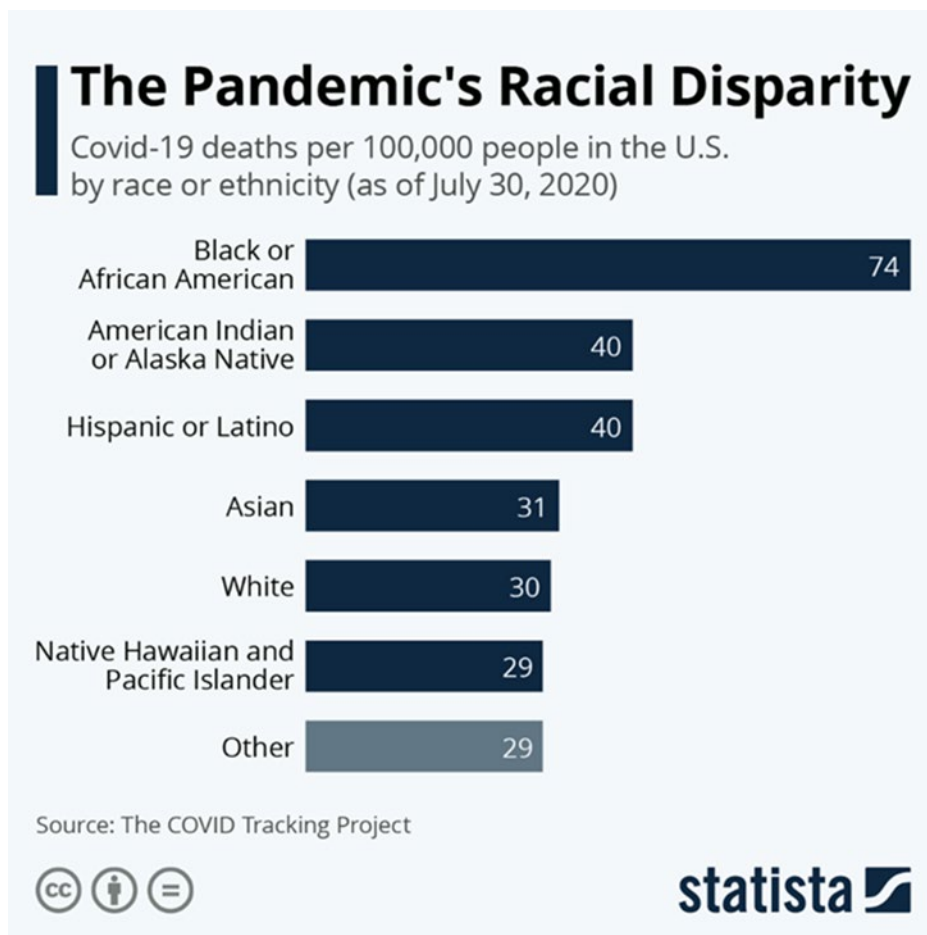
¹³ IBID

¹⁴ IBID

¹⁵ Richter, Felix. "Infographic: The Pandemic's Racial Disparity." Statista Infographics, July 30, 2020.

¹⁶ IBID

The Pandemic's Racial Disparity



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The COVID-19 pandemic also highlighted that for many Americans, their access to healthcare is tied to their employment.¹⁸ In March 2019, 69 percent of the 152 million workers aged 16 and older had employer supported insurance (ESI), meaning that 175 million workers and their dependents had coverage. Early on in the pandemic many people were temporarily laid off or furloughed; nearly 18.2 million of the 23.1 million unemployed workers who were

¹⁷ Richter, Felix. "Infographic: The Pandemic's Racial Disparity." Statista Infographics, July 30, 2020.

¹⁸ "How Many Americans Have Lost Jobs with Employer Health Coverage During the Pandemic?" How Many Have Lost Jobs with Employer Coverage During Pandemic? | Commonwealth Fund.

temporarily laid off or furloughed expected to be rehired by their previous employer. Many of these people lost healthcare during this period, leaving them vulnerable to potential COVID hospitalization or the health scares that come with everyday life. Millions of Americans lost their jobs permanently and, along with it, their health insurance which would not have happened if America had any of the universal healthcare systems that will be discussed in Chapter Three.

Disparities in healthcare further permeate the lives of Americans when we delve into the alarming disparities of maternal mortality in America.¹⁹ Maternal death is defined by the World Health Organization as “the death of a woman while pregnant or within 42 days of termination of pregnancy, irrespective of the duration and the site of the pregnancy, from any cause related to or aggravated by the pregnancy or its management, but not from accidental or incidental causes”²⁰

According to a recent report from the Commonwealth Fund, the U.S. has nearly double the number of maternal deaths per 100,000 live births compared to other wealthy, developed nations.

²¹ At 17.4 per 100,000, the U.S. leads countries like France and Canada with roughly 100 percent more deaths per capita. Other countries, like the Netherlands, Germany, and Norway, have fewer than three deaths per 100,000. Women in America are dying from having babies at rates double the following highest country, and while that statistic in itself is tragic the racial disparity within that statistic is disturbing.²² In 2019, the maternal mortality rate for non-Hispanic Black women was 44.0 deaths per 100,000 live births which is 2.5 times the rate for non-Hispanic White women (17.9) and 3.5 times the rate for Hispanic women (12.6). Rates for non-Hispanic

¹⁹ “Products - Health e Stats - Maternal Mortality Rates in the United States, 2019.” Centers for Disease Control and Prevention. Centers for Disease Control and Prevention, March 23, 2021.

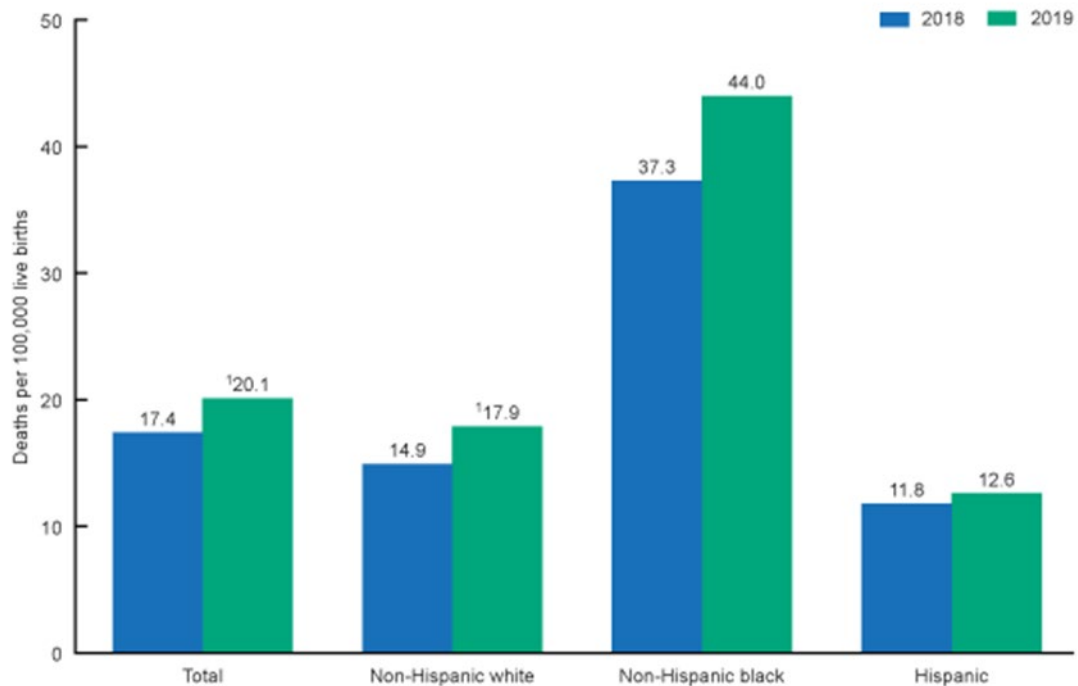
²⁰ Felix Richter, “Infographic: High U.S. Maternal Mortality Rate,” Statista Infographics.

²¹ IBID

²² Products - Health e Stats - Maternal Mortality Rates in the United States, 2019.” Centers for Disease Control and Prevention. Centers for Disease Control and Prevention, March 23, 2021.

Black women were significantly higher than non-Hispanic White and Hispanic women rates. The increase in the maternal mortality rate from 2018 (14.9) to 2019 for non-Hispanic White women was statistically significant.

Maternal Mortality Rates, by Race and Hispanic Origin



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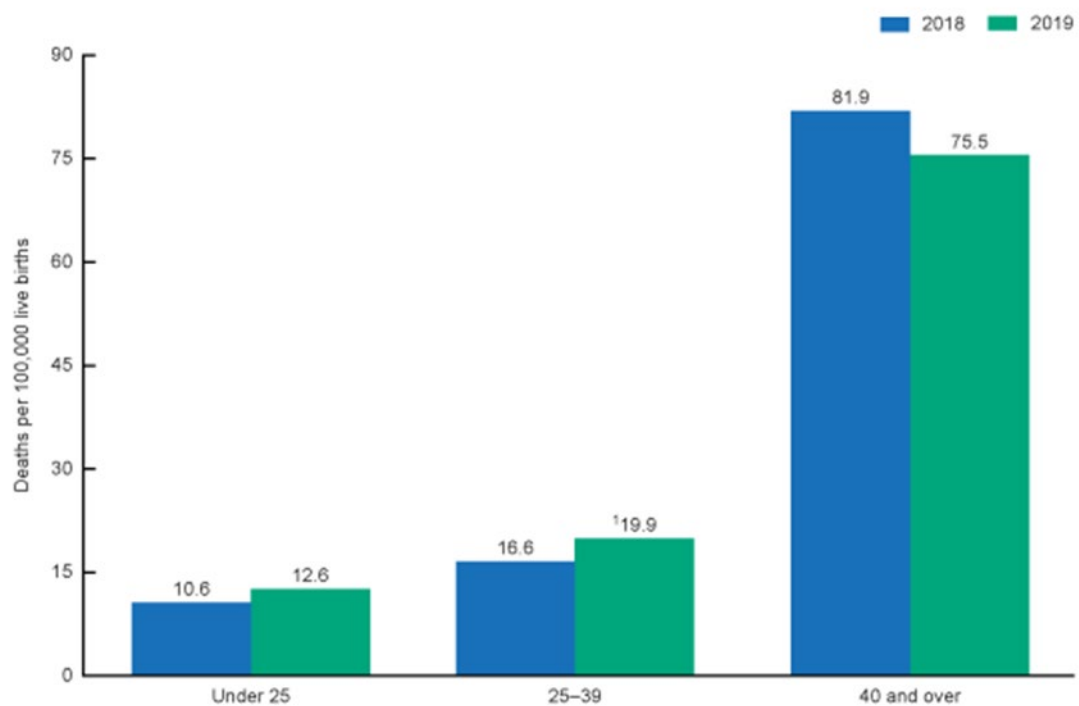
The graphs placed above and below further explain the disparities in healthcare highlighting maternal mortality within America.²⁴ Mortality rates increased with maternal age, with rates in 2019 of 12.6 deaths per 100,000 live births for women under age 25, 19.9 deaths for

²³ Products - Health e Stats - Maternal Mortality Rates in the United States, 2019." Centers for Disease Control and Prevention. Centers for Disease Control and Prevention, March 23, 2021.

²⁴ IBID

those aged 25–39, and 75.5 deaths for those aged 40 and over. The rate for women aged 40 and over was 6.0 times higher than the rate for women under age 25. Differences in the rates between age groups mentioned were statistically significant. Among age groups, only the increase in the rate between 2018 (16.6) and 2019 for women aged 25–39 was substantial.

Maternal Mortality Rates, by age: United States



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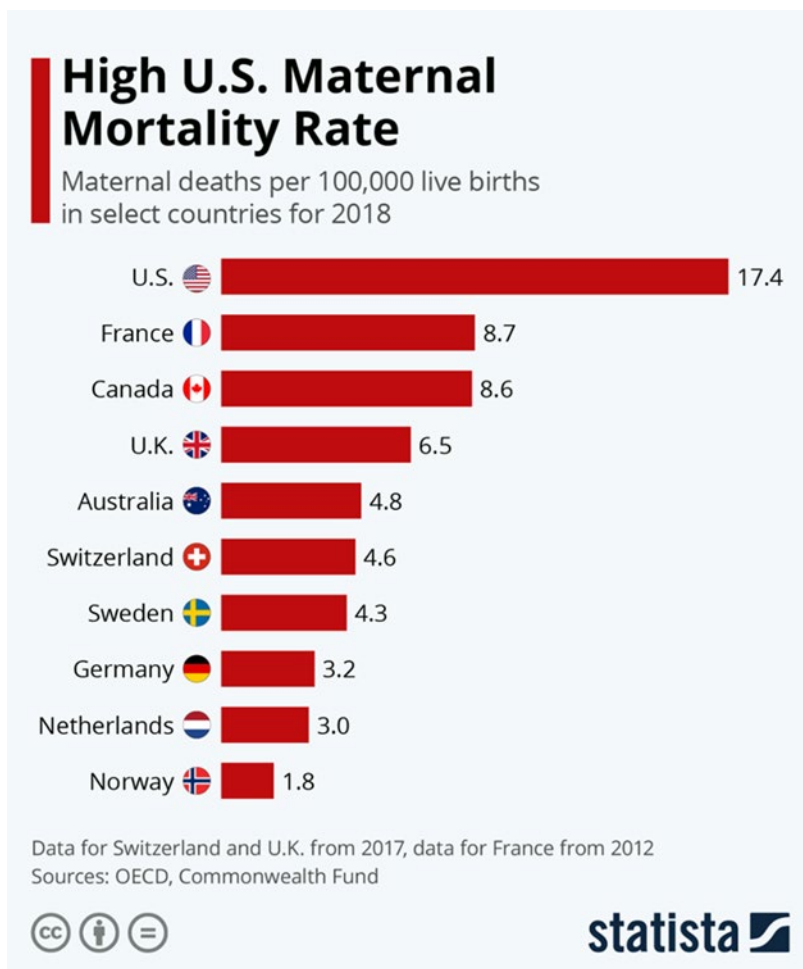
The factors contributing to women of color and in particular black women, to die during childbirth are their accessibility to unbiased healthcare, healthcare in general, and the quality of healthcare they receive from the facility and the medical staff once they arrive. Many women

²⁵ Products - Health e Stats - Maternal Mortality Rates in the United States, 2019." Centers for Disease Control and Prevention. Centers for Disease Control and Prevention, March 23, 2021.

also face language barriers, education gaps, and literacy gaps that may interfere with their care from medical teams.

Within European countries with universal healthcare, there are significantly lower maternal mortality rates than the United States, with the second-highest country's maternal mortality rate being half the rate of the United States. Countries with universal healthcare are attempting to provide equal access to healthcare to new mothers before, during, and after childbirth to continue improving maternal mortality rates within their countries.

High U.S. Mortality Rate



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These rates are significantly lower because of the extensive care new mothers receive throughout post-partum. Compared to the United States, where one visit occurring six weeks post-partum is customary.²⁷ All countries researched, apart from the U.S., guarantee at least one visit one week postpartum, although some U.S. states provide these for Medicaid beneficiaries.

²⁶ Felix Richter, "Infographic: High U.S. Maternal Mortality Rate," Statista Infographics.

²⁷ "Maternal Mortality and Maternity Care in the United States Compared to 10 Other Developed Countries," Maternal Mortality Maternity Care US Compared 10 Other Countries | Commonwealth Fund.

²⁸ In Germany, daily visits are offered as needed until day 10 plus 16 visits as needed until eight weeks postpartum. In Switzerland 10 post-partum visits are offered ten days post-partum from midwives, and both countries cover post-partum visits under their national insurance plan. Offering post-partum care allows medical staff to monitor the mother closely for continued bleeding or other complications from and due to pregnancy. European countries that have adopted UHC have better post-partum outcomes than the United States as evidenced by their lower mortality rates.

Access to quality care, or any form of healthcare can vary due to a person's race or economic standing. Every American does not have access to a fully funded hospital, state-of-the-art medical center, or a top-ranked hospital within their points of accessibility or convenience. Further, some Americans attempt to avoid care because of the cost.²⁹ Timely and accessible health care could mitigate many of these challenges. Still, the U.S. health care system falls short of the mark, failing to deliver indicated services reliably to all who could benefit. The fear of using the American healthcare system is often a roadblock for Americans seeking healthcare.³⁰ In particular, poor access to primary care has contributed to inadequate prevention and management of chronic diseases, delayed diagnoses, incomplete adherence to treatments, wasteful overuse of drugs and technologies, and coordination and safety problems.

America has an outstanding medical staff; however medical professionals cannot help Americans if they are afraid to seek medical treatment. Patients are subject to expensive medical bills if they have no insurance, or their insurance does not offer full coverage of their necessary

²⁸ IBID

²⁹ "Maternal Mortality and Maternity Care in the United States Compared to 10 Other Developed Countries," Maternal Mortality Maternity Care US Compared 10 Other Countries | Commonwealth Fund.

³⁰ IBID

care. The Commonwealth Fund researched the wealthiest nation's healthcare systems, all of which have universal healthcare except America. Compared to other nations, the United States was last in overall in healthcare compared to its peers in admirative efficiency, equity, care process, access, and health outcomes.³¹ The U.S. also ranks last in Access, Equity, and Health Care Outcomes and next to last in Administrative Efficiency, as reported by patients and providers.

In contrast, countries like the United Kingdom ranked first in equity and care process and third in access and administrative efficiency, only being at the bottom with the United States in healthcare outcomes.³² While the German healthcare model achieved average rankings compared to the ten other nations and was the eighth-best healthcare system of eleven, they achieved sixes in administration and equity while eights in the care process and healthcare outcomes.³³ Germany earned a two in access to healthcare while the U.S. again was ranked last.³⁴ The Swiss model of healthcare was six out of eleven when compared to its peers of wealthy nations achieving fours in equity and health outcomes, eights in access and administrative efficiency, and seventh in care process being bested by America once who received a five.

Although no healthcare system was rated as perfect, it was made clear by the study that America should look to Europe for ways to improve its healthcare system. While socialized medicine may not be the immediate answer for Americans, the U.K. system was ranked as

³¹ "Mirror, Mirror 2017: International Comparison Reflects Flaws and Opportunities for Better U.S. Health Care," Mirror, Mirror 2017: International Comparison Reflects Flaws and Opportunities for Better U.S. Health Care.

³²IBID

³³ IBID

³⁴ IBID

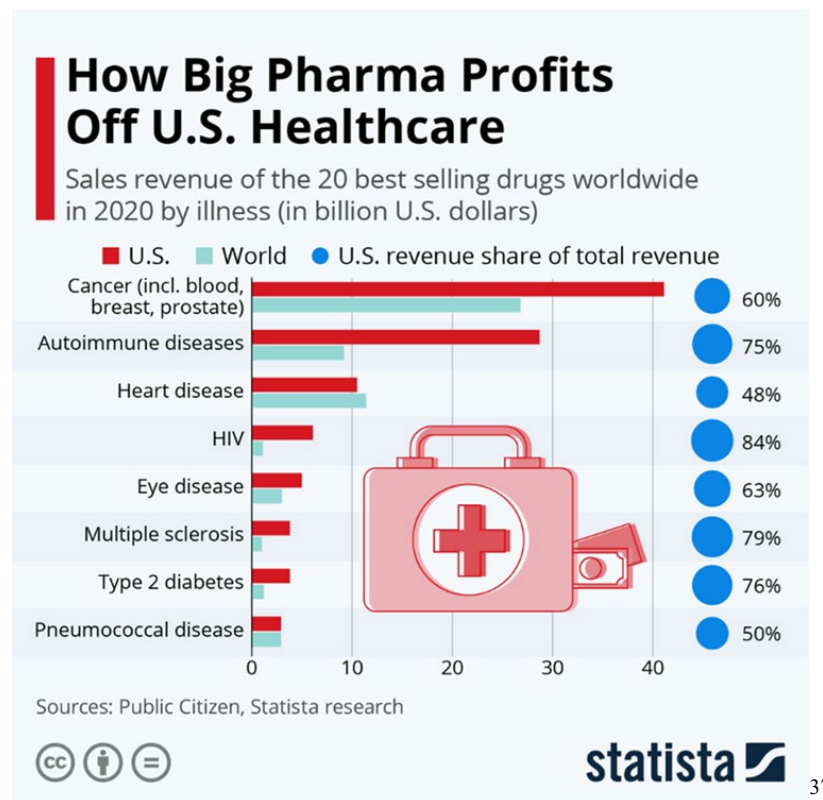
number one in the commonwealth research achieving praise from physicians and patients within the system. A healthcare system modeled after Germany and Switzerland systems would be the smoothest transition in the shortest amount of time, giving Americans healthcare and a system that builds on the already established ACA (P.L. 111-148).³⁵ The U.S. has taken an important step to expand coverage through the Affordable Care Act. As a 2017 Commonwealth Fund report showed, the ACA has catalyzed widespread and historic gains in access to care across the U.S. for more than 20 million Americans that gained insurance coverage.³⁶ Incomplete and fragmented insurance coverage may account for the relatively poor performance of the U.S. ranking in health care outcomes, affordability, administrative efficiency, and equity.

Healthcare in America is working differently from nations with universal healthcare because nations with a UHC system have removed the business from healthcare. Unlike American health insurance companies, there are no stockholders to answer to or dividends to be paid out because their business is to provide healthcare to everyone without the expectation of profit. Germany's sickness funds are non-profit entities, and Switzerland's health insurance companies must offer mandatory insurance plans accessible to every citizen.

³⁵ "Mirror, Mirror 2017: International Comparison Reflects Flaws and Opportunities for Better U.S. Health Care," Mirror, Mirror 2017: International Comparison Reflects Flaws and Opportunities for Better U.S. Health Care.

³⁶ IBID

How Big Pharma Profits Off Healthcare



America has had a complex relationship with healthcare since the early 1900s when some Americans wanted a better healthcare system. The fight for better healthcare within the United States would stagnate due to changing political cultures, the economics of healthcare, and the politics that came along with it. Healthcare in America has been a topic of conversation since President Clinton failed to overhaul the entire healthcare system in 1992 to give Americans universal healthcare. Healthcare policy would again dominate the headlines and political agenda of President Barack Obama after his election in 2008. He would spend more than sixteen months with his fellow Democrats fighting for progressive healthcare policy, failing to overhaul the

³⁷ Florian Zandt and Felix Richter, "Infographic: How Big Pharma Profits off U.S. Healthcare," Statista Infographics, October 6, 2021

entire healthcare system but passing the Affordable Care Act (ACA) (P.L.111-148), which serves as a band-aid to the ever-growing wound that is the American healthcare system.

The United States needs to observe the healthcare systems of other industrialized nations such as France, Germany, Denmark, The United Kingdom, Switzerland, and Japan to learn how to expand on the progress that the Affordable Care Act (ACA) gave America. Each country has a different UHC model attempting to give their people more affordable, accessible, and equal healthcare and doing it at almost half the price of America's underperforming healthcare system.

The reformation of the American healthcare system will require planning that will reframe, rebuild, and remodel the current American healthcare system into a universal healthcare system. The implementation of a UHC system in America could start as soon as the proper legislative processes are completed, and it will take decades and continuous adjustments to give Americans a healthcare system that offers the same standard of care to every American. To implement universal healthcare and give Americans the best healthcare system would take the completion of many steps and processes to ensure that America combats the troubles that other UHC countries attempt to combat within their own systems, with many being completed over time through trial and error to give Americans the best result.

The complete reformation of the American healthcare system would start by offering a government-monitored insurance option that is accessible to every American while allowing private insurance plans that could supplement government care or be an individual's complete health care plan. The training, education incentives, and compensation for doctors would need to be negotiated within months of universal healthcare becoming America's healthcare system because America will need more doctors to deal with the influx of patients that would be able to

receive healthcare under a UHC with a government-controlled health plan accessible to everybody. The next step would be to have the infrastructure, supplies, and medical personnel ready to treat the population of Americans who would start to receive healthcare regularly due to the accessibility a UHC system would create. The building and remodeling of infrastructure would take time as hospitals, medical offices, and renovations are completed to meet the volume of medical care that will begin to be available. By attracting more doctors and creating more spaces for medicine to be practiced, America aims to avoid the trouble that many patients within UHC systems claim as a flaw in their healthcare systems, which will be discussed more thoroughly in chapters three and four.

By looking at the failures and gaps in America's healthcare, it is clear that America needs to reform its healthcare system. The current healthcare system hemorrhages money and resources without providing all Americans access. America's healthcare system is a business putting profits before people and letting the partisan party politics of America affect the progress the system needs to function at a high level for the best care to be given to the American people. American healthcare needs a change, and other industrialized nations have the blueprint to get there.

Chapter 2: The evolution of American Healthcare

The American healthcare system is a system that has multiple frameworks of insurance for different people with a universal healthcare styled system for Veterans Affairs (VA) and those over sixty-five (Medicare), along with impoverished Americans unable to afford healthcare with or without employment (Medicaid). The majority of Americans use private insurance achieved through their jobs. The coverage provided by employers can cover spouses and children if they do not have coverage through their own employer or a government program. Children can stay on their parent's coverage until twenty-six with the passing of the ACA (P.L.111-148).

While the system does work for some Americans, it does not work for others, similar to how some Americans do not want to change the healthcare system because it works for them. Still, with the Affordable Care Act (P.L. 111-148), the number of uninsured is fluctuating, and some Americans still cannot afford their necessary healthcare with the coverage they do have.

All industrialized nations that far exceed the United States in healthcare have one thing in common. They are all universal healthcare systems using different models to ensure the care of their nation's citizens at a fraction of the cost of the insufficient American healthcare system. Reforming the United States healthcare system and giving Americans a UHC could have exponentially positive results for America. It could cut the cost of American healthcare, tanking the amount of uninsured Americans, elevating the standard of care to every American, while grasping control of the cost to the patient, and capping prescription drug prices, revolutionizing the American healthcare system.

Healthcare in the United States has been a controversial topic since the late 1800s, when the first ideas of UHC or compulsory insurance explicitly aimed at sickness came into existence.³⁸ President Theodore Roosevelt supported healthcare believing no country could be substantial if the people were sick and poor but did not make any significant steps toward achieving UHC throughout his tenure of Presidency. The work to reform the American healthcare system was done outside the government. Healthcare then again came to the forefront in 1915 when a progressive group named the American Association of Labor Legislation formed a committee that chose to focus on the benefits of UHC, drafting the beginning of a bill to support UHC.³⁹ The bill entailed limited coverage to the working class and all others that earned less than \$1200 a year, including dependents.⁴⁰ The services of physicians, nurses, and hospitals were included, as was sick pay, maternity benefits, and a death benefit of fifty dollars to pay for funeral expenses. Health care came to the forefront after the Great War and before World War Two when President Franklin Delano Roosevelt (FDR) led America through the Great

³⁸ "A Brief History: Universal Health Care Efforts in the US," PNHP, April 17, 2018"

³⁹ IBID

⁴⁰ IBID

Depression.⁴¹ Although FDR attempted to push health care through on two separate occasions, the attempts were unsuccessful, and socially progressive legislation was abandoned due to a resurgence of conservatism in 1938.

While the early fight for healthcare in America failed due to waves of conservatism, state medical agencies did not support the idea due to payment plans, and commercial insurance agencies strongly opposed UHC, causing failure for the concept to gain traction. It also failed due to the fear of spreading communism, as seen in Russia with the Bolshevik revolution in 1917. After World War Two and as the spread of communism began to go through Europe and parts of Asia, the idea of UHC was weaponized by conservatives to give off the impression of communism. Therefore, putting universal or compulsory healthcare in a negative light would cause the idea to lose support for generations and decades amongst the American people. America would keep its healthcare system that included multiple healthcare models depending on the individual American's economic status, military/veteran status, or employment status, and the category each individual falls into within the different systems. Most Americans will have healthcare through their employer or pay for private insurance until sixty-five. Once most Americans were sixty-five, they would receive Medicare, a program started in 1965 to ensure healthcare for elderly Americans as they begin to age into retirement. Veterans would receive a different healthcare system similar to the British Universal healthcare model where veterans walk into a VA hospital and never receive a bill. Impoverished Americans would receive Medicaid paid for by American tax dollars. The recipient pays a small co-pay to see a doctor if they are required to pay any monetary fee due to their economically diminished state. America would not have UHC, but they would attempt to offer health insurance coverage to Americans

⁴¹ "A Brief History: Universal Health Care Efforts in the US," PNHP, April 17, 2018"

through multiple systems of healthcare, all functioning differently amongst different socio-economic groups and demographics.

While many Americans have been fighting for a form of universal health care for the past one hundred and almost fifty years, many of America's European allies that are industrialized nations already have a system of UHC setup and accessible to their people. UHC has benefited most of these countries through caring for their people, closing economic divides, and making health care accessible for everyone. Providing their people essential medical services at little to no cost while also controlling pharmaceutical expenses that would allow them to maintain or restore their health have benefitted nations such as Sweden, Germany, Denmark, and Japan.

⁴² The modern-day fight for health care began in 1992 with the presidential campaign of Bill Clinton. Bill Clinton proposed universal health care that would make essential medical services accessible to all Americans at little or no cost. Americans would receive a "health care security card" that would irrevocably entitle them to medical treatment and preventative services, including for preexisting conditions allowing for American citizens or permanent residents with documentation to receive medical care. The mission of universal healthcare in America was perceived to be so crucial to Bill Clinton and his administration that he appointed his wife, Hillary Rodman Clinton, to spearhead the task force of National Health Care Reform. The fight for healthcare from the Clinton administration would eventually fail with the bill for health care and the first lady Hillary Rodman Clinton losing popularity as Conservatives, Pharmaceutical corporations, private medical institutions, and healthcare companies attacked universal healthcare. The health insurance agencies and conservatives constantly presented universal

⁴² Bill, Clinton. "Address on Health Care Reform (September 22, 1993)". Mill Center. University of Virginia.

healthcare as an infringement of states' rights and complete government overreach into private citizens' everyday lives. They intentionally blurred the lines of understanding what universal healthcare would mean for Americans by painting it as the government taking away the freedom to choose medical healthcare providers and quality of care. The commercial entitled "Harry and Louise" effectively turned America's opinion against the Clinton healthcare reforms.

During Barack Obama's first term, he fought to reform the healthcare system to be more inclusive in America. Still, like others, before him, he would fail to overhaul the American healthcare system completely. The Affordable Care Act (ACA) (P.L. 111-148) aimed to ensure every American has access to health insurance and make healthcare accessible to all Americans. Still, his Republican opponents, pharmaceutical corporations, and health insurance corporations fought Democrats hard, causing them to negotiate away crucial factors that would have gotten the American healthcare system a step closer to a UHC system. The ACA (P.L. 111-148) passed, giving Americans an individual mandate requiring Americans to have insurance or face a financial penalty.

Although the ACA (P.L. 111-148) did not take America to the point of a complete healthcare system overhaul, it positively impacted America. It displayed that healthcare reform needs to go further, and it benefits the entire country and the people in it as well.⁴³ In 2010, 16 percent of all Americans were uninsured; by 2016, the uninsured rate hit an all-time low of 9 percent.⁴⁴ About 20 million Americans have gained health insurance coverage since the ACA (P.L. 111-148) was enacted.⁴⁵ The ACA added several significant new protections for people with preexisting

⁴³ Emily Gee Nicole Rapfogel, "10 Ways the ACA Has Improved Health Care in the Past Decade," Center for American Progress, October 6, 2020.

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conditions.⁴⁶ One group of reforms involved changes to the rating rules, prohibiting insurers from making premiums dependent on gender or health status and limiting their ability to vary premiums by age.⁴⁷ The ACA (P.L. 111-148) also established guaranteed issues, meaning that insurers must issue policies to anyone and no longer turn away people based on health status.⁴⁸ While the Medicaid and Medicare programs have historically covered low-income people, children, elderly people, and disabled people, the ACA (P.L. 111-148) called for states to expand Medicaid to adults up to 138 percent of the federal poverty level and provided federal funding for at least 90 percent of the cost.⁴⁹ Medicaid expansion reduced the amount of uncompensated care that hospitals provide, boosting the financial viability of rural hospitals relative to their counterparts in non-expansion states.⁵⁰ While more than 100 rural hospitals have closed in the past decade, the closures have occurred disproportionately in non-expansion states.

⁴⁶ Emily Gee Nicole Rapfogel, “10 Ways the ACA Has Improved Health Care in the Past Decade,” Center for American Progress, October 6, 2020.

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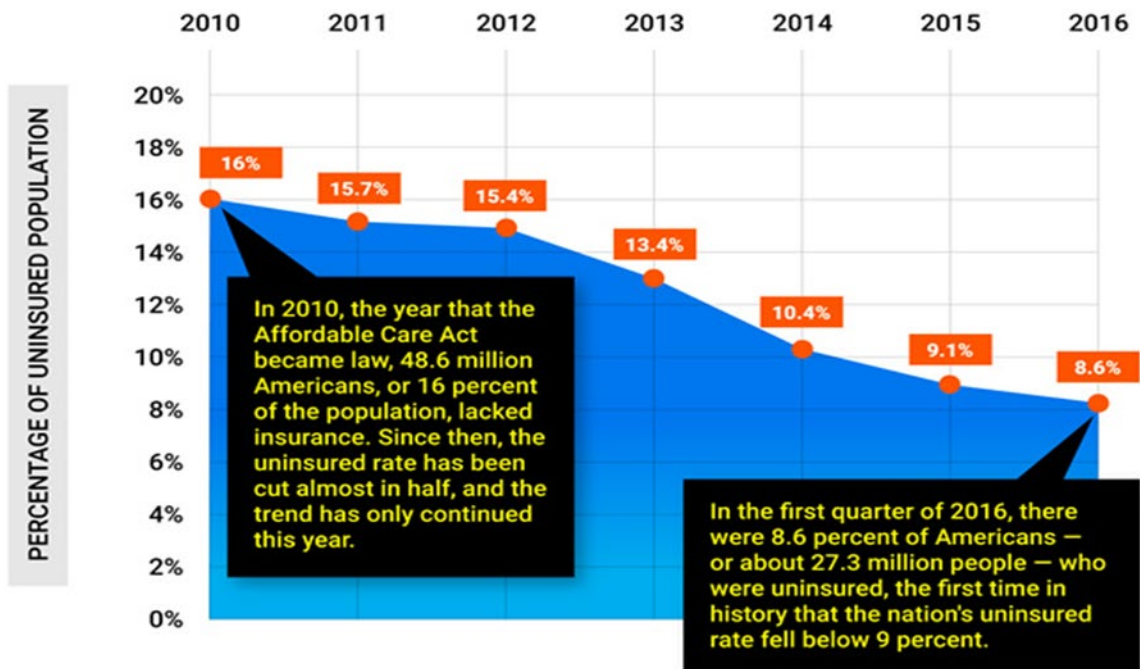
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A Steady Decline in Uninsured Americans

A Steady Decline in Uninsured Americans



SOURCES: <https://www.census.gov>

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Although Bill Clinton's and Barack Obama's fight for health care failed a complete overhaul in the 1990s and the 2000s, the idea would then be picked up by Senator Bernard Sanders (I- Vermont) during the 2015 primaries for the Democratic Party nomination for President of the United States. Bernard Sanders would say during his 2016 presidential campaign that all Americans need free and accessible health care, echoing the sentiment of it being a right, not a privilege. The idea would take hold and revolutionize a young generation of voters and

⁵¹ Sheen, Robert. "Infographic: Before and after the ACA." The ACA Times. Publisher Name the ACA Times Publisher Logo, December 13, 2017.

progressives to understand that universal health care is essential to have in the United States of America, stirring their advocacy for accessible health care and equitable treatment within the healthcare system. Bernard Sanders would lose the presidential nomination for the Democratic Party twice. Still, his ideas of “free” health care would hold with some American people, with some vigorous advocates and fighters for the policy. Due to its poor initial presentation with the word free many moderate and conservative voters, along with some politicians, shied away from the idea. Disdain for the idea of what would again be perceived as government overreach and not trusting Americans to make their own decisions also grew as pundits and politicians again placed Universal Healthcare or even an expansion of the U.S. healthcare system in a negative light.

The modern-day problems with the U.S. healthcare system are the cost, the quality of care, and accessibility. Americans pay more for healthcare than any other developed nation and do not receive as much care or the same quality of care as those in Universal Healthcare systems paying less than them for healthcare. Americans do not get the same “bang for their buck” as nations with Universal Healthcare because drug companies control drug prices without regulation, insurance companies spend more money on administrative costs to find a way to deny a patient’s claim. If Americans have no insurance, the entire medical bill falls directly to the patient’s family or the patient putting them into debt for receiving medical treatment.⁵² Forty-one percent of working-age Americans—or 72 million people—have medical bill problems or are paying off medical debt, up from 34 percent in 2005.⁵³ If the 7 million elderly adults who are also dealing with these issues are added, a total of 79 million Americans has a medical bill or debt problem, a 2007 survey found. Health care in America has been a longstanding problem

⁵² “Survey: 79 million Americans Have Problems with Medical Bills or Debt,” Commonwealth Fund.

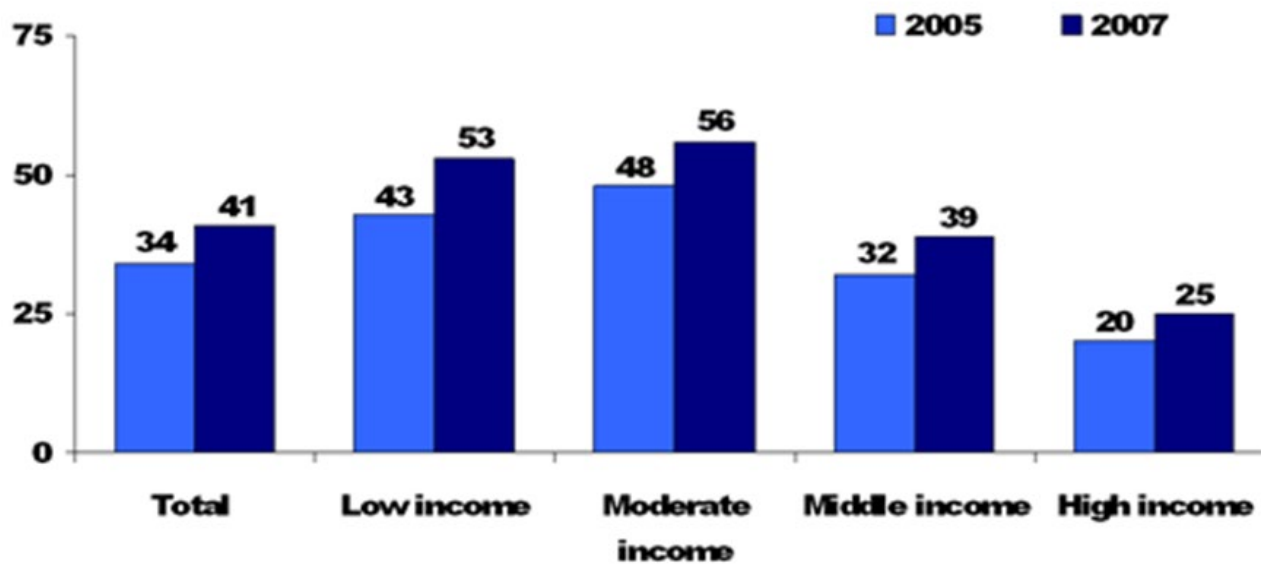
⁵³ IBID

because, in 2019, a Gallup poll found that healthcare led to America’s biggest concerns, followed by low wages.

Problems with Medical Bills or Accrued Medical Debt

Problems with Medical Bills or Accrued Medical Debt Increased from 2005 to 2007

Percent of U.S. adults ages 19–64 with medical bill problems or accrued medical debt

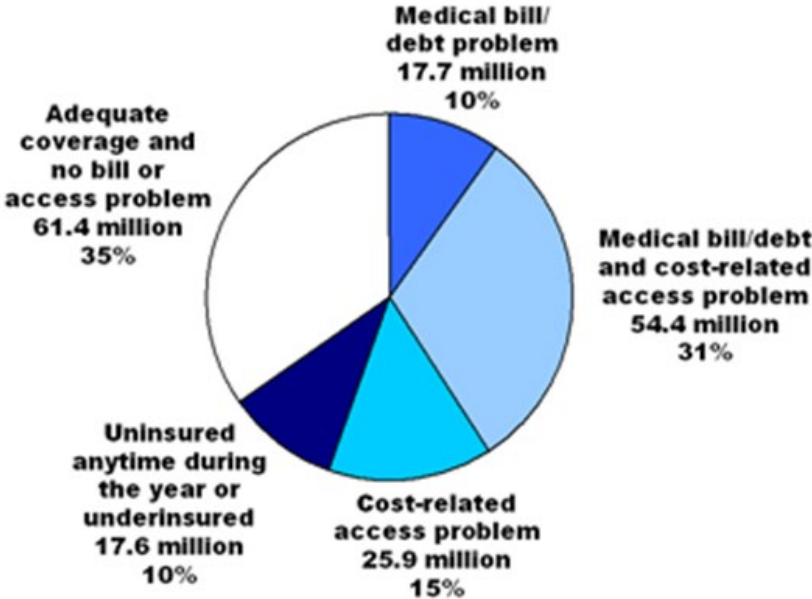


Note: Income refers to annual income. In 2005 and 2007, low income was defined as less than \$20,000; moderate income as \$20,000–\$39,999; middle income as \$40,000–\$59,999; and high income as \$60,000 or more.
Source: S. R. Collins et al., *Losing Ground: How the Loss of Adequate Health Insurance Is Burdening Working Families* (New York: The Commonwealth Fund, Aug. 2008).

⁵⁴ “Survey: 79 million Americans Have Problems with Medical Bills or Debt,” Commonwealth Fund.

An Estimated 116 million U.S. Adults Were Uninsured

In 2007, an Estimated 116 Million U.S. Adults Were Uninsured, Underinsured, Reported a Medical Bill Problem, and/or Did Not Access Needed Health Care Because of the Cost



177 million total adults ages 19-64

Source: S. R. Collins et al., *Losing Ground: How the Loss of Adequate Health Insurance Is Burdening Working Families* (New York: The Commonwealth Fund, Aug. 2008).

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America has seen a drastic decrease in the uninsured with the passing of the ACA (P.L. 111-148), but in 2017 with the Trump Administration’s goal to diminish and eventually rid America of the program, a rebound of the uninsured had begun.⁵⁶ In 2015, there were 28.6 million uninsured Americans, amounting to 9.1 percent of the general population, according to

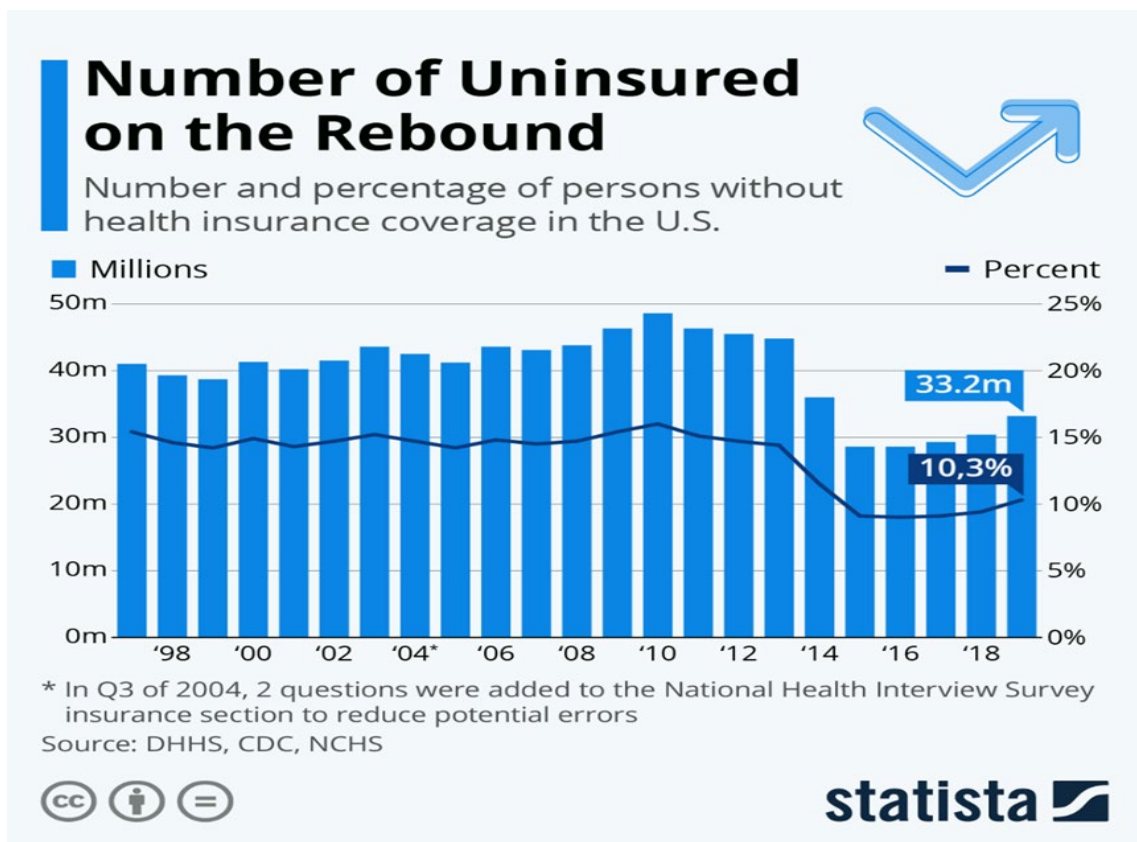
⁵⁵ “Survey: 79 million Americans Have Problems with Medical Bills or Debt,” Commonwealth Fund.
⁵⁶ Buchholz, Katharina, and Felix Richter. “Infographic: Number of Uninsured Americans on the Rebound.” Statista Infographics, September 24, 2020.

the CDC, a significant drop of 20 million from 48.6 million uninsured Americans in 2010.⁵⁷ During the Trump Administration, cutbacks to federal government insurance program Medicaid decreased enrollment by 0.7 percent between 2017 and 2018.⁵⁸ According to CNBC, the elimination of 90 percent of the advertising budget for the ACA's annual sign-up period also resulted in 400,000 fewer enrollments that year. The chart below illustrates the rise of the uninsured due to the Great Recession. It is followed by 2010 showing a decline in the uninsured due to the ACA and the economy beginning recovery. Viewing the statistics, it becomes quite visible the number of uninsured rising again as the Trump administration undermined the ACA after President Trump's election and assumption of office in 2017.

⁵⁷ Buchholz, Katharina, and Felix Richter. "Infographic: Number of Uninsured Americans on the Rebound." Statista Infographics, September 24, 2020.

⁵⁸ IBID.

Number of Uninsured on the Rebound



⁶⁰ Americans can receive good medical care in America, but with healthcare being a for-profit industry and doctors constantly practicing to avoid getting sued, patients usually pay the cost.⁶¹ Doctors will order too many diagnostic tests in attempts to diagnose a patient but will possibly have to argue the course of treatment with the insurance company to make sure it is covered. Patients may need extra time in the hospital but cannot afford it due to the cost of

⁵⁹ Buchholz, Katharina, and Felix Richter. "Infographic: Number of Uninsured Americans on the Rebound." Statista Infographics, September 24, 2020.

⁶⁰ T. R. Reid, *The Healing of America: A Global Quest for Better, Cheaper, and Fairer Health Care* (New York: Penguin Press, 2010).

⁶¹ IBID

healthcare. Doctors attempt to do their jobs and take care of patients and be forced to argue the type of care a patient needs with an administrator for the insurance company, not another doctor.

The accessibility of the healthcare system causes a problem for Americans because healthcare is not accessible to everyone in America. Many Americans avoid preventative and sometimes necessary medical care to avoid the cost of a doctor's visit because their insurance may not cover it. If their insurance covers it, they are still left with a shockingly high bill, or they have no insurance at all, leaving them with the entirety of the bill and no financial help or assistance to pay it. Accessibility to healthcare for Americans also sees struggles in location. In rural parts of America, doctors are not always accessible, offices and facilities are not close, nor are hospitals making travel necessary. In emergency cases, the cost of an ambulance ride is so daunting that some suffer until they are forced to take an ambulance if another mode of transportation is not accessible.

The same issue of accessibility to treatment occurs with prescriptions, such as insulin prices that are so high that some Americans attempt to ration their insulin and the final result is a hospital with a bill they cannot afford or death. Americans' inability to afford prescriptions can cause hospital visits due to worsening infections or untreated health issues leading to chronic diseases or episodes. Modern medicine can save many lives, but it only works in America if you can afford to gain access to it.⁶² The U.S. spends nearly \$334 billion a year on prescription drugs, accounting for almost 10% of the nation's total health care bill. In addition to high dollar amounts, Dr. Resneck told members of Congress, the price patients must pay includes sleepless

⁶² Andis Robeznieks, Senior News Writer. "AMA to Congress: Patients Pay Painful Price for High Drug Costs," American Medical Association, May 9, 2019.

nights and living in pain because they cannot get the medications they need.⁶³ Physicians every day see that costs are a significant obstacle to our patients getting the proper medication at the right time,” said Dr. Resneck during his testimony on the ninth of May in 2019 before the House Energy and Commerce Committee Health Subcommittee hearing on lowering prescription drug prices. Prescription-drug price increases can lead some patients to be unable to afford critical medicine, causing them to skip doses of their medications, split pills, or force them to abandon treatment altogether.

Pharmaceutical companies can charge as much as they see fit for life-saving and preventative prescriptions. There are minimal to no regulations forcing many Americans to go without because they cannot afford the medications they need to survive or heal themselves. Dermatologist Jack Resneck Jr., MD, chair of the AMA Board of Trustees, testified in front of congress that prescription drug prices are a significant problem in the American healthcare system, and patients are the ones suffering.

⁶⁴ “I currently have a patient unable to afford the Enbrel or Humira that would alleviate his psoriasis and painful psoriatic arthritis—the average wholesale prices for a year of these drugs, both out for more than 15 years—has quadrupled to around \$80,000 per year, and his PPO copay is 40% until he reaches his deductible,” Dr. Resneck said in his testimony. “So, he stopped his treatment.”

He gives a painful example, further showcasing how the for-profit healthcare system with little regulation from the American government is negatively impacting Americans’ lives. The

⁶³ Andis Robeznieks, Senior News Writer. “AMA to Congress: Patients Pay Painful Price for High Drug Costs,” American Medical Association, May 9, 2019.

⁶⁴ IBID

current unregulated system is causing Americans pain that they must endure until insurance approves their medication. They can raise the money to buy the medicine, or they just die as their treatable illness continues to worsen.⁶⁵ Dr. Resneck told the Health Subcommittee of another patient. She needed clobetasol, a generic cream on the market for three decades, and doxycycline, an oral antibiotic approved in 1967, for severe eczema that had become infected.⁶⁶ The drugs are manufactured by several companies in both branded and generic forms and prescriptions used to cost patients less than \$10 for each.

⁶⁷ “At the pharmacy, she was told that both prescriptions required prior authorization and would otherwise cost a combined \$600,” Dr. Resneck said. “She did not fill the prescriptions and called me asking what I was thinking.”

It would take her four days to get the authorization from her insurance companies, and while she waited, her infection worsened, and she suffered.

⁶⁸ “Meanwhile, my patient suffered several sleepless nights of severe itch, made worse by a spreading, contagious staph infection until the prescriptions were authorized,” Dr. Resneck said, adding that the time he spent arguing with her insurance company was time taken away from seeing other patients. A patient suffered because an insurance administrator debated the prescription with the doctor.

The American healthcare system needs to improve and be accessible, affordable, and able to treat every American because some Americans are suffering the effects of a system that is in

⁶⁵ Andis Robeznieks, Senior News Writer. “AMA to Congress: Patients Pay Painful Price for High Drug Costs,” American Medical Association, May 9, 2019

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the business of making and protecting their profit. There are abysmal disparities in healthcare that stem from socio-economic status allowing some people to believe that the entire healthcare system is working well because they can afford the medical bills they have received thus far. They think themselves to have top-rate insurance that covers the healthcare problems they have experienced, or they receive their insurance through their job with minimal cost required from them. Hence, they experience minimal paperwork; while those who are uninsured or underinsured avoid the doctor's office because they are one big medical bill away from their lives spiraling out of control, they cannot afford to receive their medications or afford to go to the doctor to get them prescribed. They could be paying off previous medical debt attempting not to create more because the medical bills are overwhelming, especially with their lack of insurance.

The modern and current working healthcare system in America is not equal and equitable for all Americans. Some Americans are forced to go into debt to see a medical professional or be financially crippled for the rest of their lives if they need major surgery to save their lives. Many Americans are uninsured or underinsured, being one medical emergency away from financial disaster. The American healthcare system does not have to be accessible only to those who can afford it or those able to get to a doctor's office or hospital. The American healthcare system does not have to have potentially financially crippling consequences if you need medical care. The quality and standard of medical care can be improved to give patients the care they need without patients worrying about the cost of drugs, more extended hospital stays, and the cost of post-procedure complications. In contrast, doctors do not have to worry about debating with insurance administrators or getting sued, allowing them to practice medicine as they see fit.

A universal healthcare system would be a system that would allow every citizen and a legal resident of the United States to have access to healthcare and not fear needing healthcare. The government could regulate the insurance agencies, control the drug companies and give Americans a healthcare system that works for them, not the company's stockholders. UHC could benefit Americans by allowing every American and legal resident to receive medical care without the possibility of rendering them bankrupt. The lack of accessibility to healthcare, whether through facilities or finances, hinders many Americans from seeking treatment.

Chapter 3: Universal Healthcare Around the world

Universal Health care in other countries continuously has positive outcomes. The systems are facing challenges such as funding, upkeep of facilities, and doctor-patient ratios as the need for care and medical care costs continue to rise. In this chapter, the positive strides industrialized nations have made with universal healthcare, along with many of its adverse side effects and unintended consequences, will be discussed before building on the idea of a UHC system in America and what that would mean for the American people and their government.

Each country identified below offers a UHC system that aims to provide health insurance to every citizen, manages to keep prices affordable, offers a variety of health insurance programs, and makes seeing a doctor accessible to everyone. While each country has UHC, they all do something better than the other or more efficiently as each country has its strengths. Each

country continuously and consistently outperforms the United States when the healthcare systems of each nation are compared.

Thailand is a country that experienced vast disparities in healthcare based on the wealth of their citizens. By implementing a UHC program, they established equity in their health care system, which radically changed the country.⁶⁹ In 2001, the government introduced a “30-baht universal coverage program” that, for the first time, covered all the population, with a guarantee that a patient would not have to pay more than 30 baht (about \$.90 USD) per visit for medical care (there is an exemption for all charges for the poorer sections—about a quarter—of the population).⁷⁰ The result of universal health coverage in Thailand has been a significant drop in mortality (particularly infant and child mortality, with infant mortality as low as 11 per 1,000) and a remarkable rise in life expectancy, which is now more than 74 years at birth—major achievements for a developing country.

Rwanda is another example of a country that improved healthcare after being⁷¹ devastated by genocide in 1994, Rwanda has rebuilt itself and established an inclusive health system for all with equity-oriented national policies focusing on social cohesion and people-centered development.⁷² Premature mortality has fallen sharply, and life expectancy has doubled since the mid-1990s. Giving citizens access to health care can help them improve their quality of life. The Rwandan minister of health, Agnes Binagwaho, the U.S. medical anthropologist Paul Farmer, and their co-authors discuss in *Rwanda 20 Years on: Investing in Life*, "Investing in

⁶⁹ Amartya Sen, P. (2019, August 23). Universal health care: The affordable dream.

⁷⁰ IBID

⁷¹ IBID

⁷² IBID

health has stimulated shared economic growth as citizens live longer and with greater capacity to pursue the lives they value."

Many European and Asian countries boast some of the world's best healthcare systems, such as Sweden, Germany, Denmark, France, the United Kingdom, Switzerland, Canada, and Japan. They all work through systems with the same ideas of accessibility, affordability, and quality care, yet many ways of implementation. Most of America's European allies and northern neighbors spend around half of what America spends on health care while giving their citizens a better healthcare system for the lower price.

France

The World Health Organization has ranked France as having the best health care system globally in their 2000 study.⁷³ France has an accessible healthcare system that allows everyone to see a doctor through their national healthcare plan while paying a small fee, usually reimbursing from 70% to 80% of the fees charged for their service. The French healthcare system is similar to the model Americans use, but with significant differences that make the French system more cost-effective without some of the American system's most particular pieces. Many Americans face struggles navigating health insurance company's coverage, drug prices, and accessibility to care.⁷⁴ It is primarily a system of private doctors treating patients who buy health insurance from a government health plan and private insurers to cover most of the cost. Both nations have public and private hospitals, but private hospitals usually specialize in a

⁷³ France's Health-Care System Was Ranked as the World's Best-Here's How It Compares with the US'. CNBC. CNBC, 2019.

⁷⁴ T. R. Reid, *The Healing of America: A Global Quest for Better, Cheaper, and Fairer Health Care* (New York: Penguin Press, 2010).

specific type of procedure or illness in France.⁷⁵ The French system allows everyone to receive healthcare because insurance companies cannot turn citizens away due to preexisting conditions (a practice adopted by the passing of the ACA). Insurance companies cannot terminate your insurance when you lose your job because the government steps in to pay your employer's part of the premium. The insurance companies cannot deny a claim once the doctor submits the bill.⁷⁶ By making insurance plans or sickness insurance funds not for profit, they do not have to pay administrators to filter out customers, review and deny claims, or pay dividends to stockholders helping lower the cost of healthcare in France. It is also illegal to delay payments to doctors or patients, ensuring everyone receives the money owed to them by the end of the month.

The French also do not have gatekeeping by General Practitioners, allowing anyone to see a specialist if they see it fit. The French health care system makes medicine and medical care accessible to everyone. A patient can go to any doctor, specialist, or surgeon in all of France, and the insurance must pay the bill.⁷⁷ While making General Practitioners the gatekeepers of healthcare could save the French money, the French citizens strongly defeated that reform of their healthcare system in 1997 because it limited their free choice to choose their care.

To ensure equal quality of care throughout France, the French use a card similar to a debit card in America that carries all your medical information in an encrypted chip. This chip allows a doctor to place the card in the reader, eliminating the need for file cabinets and administrative employees, saving money that can be redistributed back into the system.⁷⁸ The

⁷⁵T. R. Reid, *The Healing of America: A Global Quest for Better, Cheaper, and Fairer Health Care* (New York: Penguin Press, 2010).

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"Carte Vitale" or Card of Life holds all of a patient's medical information from 1998, giving the doctor a correct assessment of your medical history. Once it is time to bill, the doctor, at the click of a button, knows how much he will be paid, the patient will be reimbursed, how much the patient paid in co-pay, and all information is sent to the relevant insurances.⁷⁹ The United States spends about twenty percent of all premium income on administrative expenses, while the French spend less than five percent on administrative expenses.⁸⁰ Although French hospitals usually have more doctors and nurses per patient than American hospitals, they have sixty-seven percent fewer administration personnel to keep track of paperwork and billing because of Carte Vitale's automatic payment.

⁸¹ Doctors in France make less than their American counterparts. Still, they obtain their undergraduate degrees and medical degrees free of charge, unlike their American counterparts, who graduated with an average of \$215,900 in medical school debt and \$241,600 in total education debt at current rates. Still, if debt continues to outpace the cost of attendance at the present rate, the average medical student debt will exceed \$300,000 by 2024.⁸² 4.3 billion of all U.S. educational debt belongs to medical students. In France, the doctors also do not have to keep up with expensive malpractice insurance like American doctors.⁸³ French doctors pay less in a year for malpractice insurance than their U.S. counterparts pay per week and never expect to be sued, causing their insurance to be lower due to the rarity of the action.⁸⁴ Dr. Bonnaud, a

⁷⁹ T. R. Reid, *The Healing of America: A Global Quest for Better, Cheaper, and Fairer Health Care* (New York: Penguin Press, 2010).

⁸⁰ IBID

⁸¹ "Average Medical School Debt [2021]: Student Loan Statistics," EducationData,

⁸² IBID

⁸³ T. R. Reid, *The Healing of America: A Global Quest for Better, Cheaper, and Fairer Health Care* (New York: Penguin Press, 2010).

⁸⁴ IBID

General Practitioner in France, earned about \$52,000 annually after paying office expenses while taking the standard five weeks' vacation per year. He also writes off his Audi because he uses it to make house calls and personal use.⁸⁵ Dr. Bonnaud pays \$170 a year in malpractice insurance making his malpractice insurance a small fraction of his American colleagues.⁸⁶ A specialist in France practicing such as an orthopedist in a government-run hospital makes about \$65,000, and with his work at a private hospital, his income total comes to \$130,000.⁸⁷ Their malpractice insurance will be \$650 a year, a small fraction of a U.S. specialist. French doctors like Dr. Bonnaud understand they will never be rich. He finds joy in doing what is best for his patients without having to fight over it, such as U.S. doctors must when it comes to writing specific prescriptions, prescribing certain treatments, and sending them to get costly procedures.⁸⁸ As inflation has affected the world, the pay range between American doctors and French doctors in 2018 placed French General Practitioners making \$111,769 a year, while the American doctor made \$218,173. However, the French doctors still paid nothing for their education and a fraction of what American doctors paid for malpractice insurance.

The French include this small co-pay, so the understanding that they are receiving something valuable is understood though the patient will receive most of their out-of-pocket fee back within a week.⁸⁹ While the French healthcare system is less expensive than in America, while giving more, they constantly reform the system due to the rising cost of medical care and continuously provide the best care. The French system is more expensive than Britain, Sweden,

⁸⁵T. R. Reid, *The Healing of America: A Global Quest for Better, Cheaper, and Fairer Health Care* (New York: Penguin Press, 2010)

⁸⁶IBID

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Italy, Spain, and the Netherlands, but it is far less costly than the United States while giving a better quality of care.⁹⁰ France spends about \$3,165 per capita each year for a health insurance system covering everybody, while the United States spends more than \$7,000 per capita and leaves millions without coverage. France spends under ten percent of its Gross Domestic Product (GDP), and the United States spends seventeen percent of its GDP on healthcare, and everyone does not have access to the American healthcare system.⁹¹ A study by the Bank of America in 2006 concluded that if Americans could get their health care spending down to the French level, they could save about 600 billion annually if they got it down to ten percent of their GDP. As time has continued and the cost of healthcare has continued to rise, so has the price of treatment per capita, with France spending less than half per capita than America on healthcare.⁹² In 2017 America spent \$10,200 per capita compared to the French spending \$4,900 with everyone in France having access to healthcare.

Sweden

The Swedish version of healthcare allows all citizens to be cared for while giving them quality care. Healthcare is free for children under the age of eighteen and Dental care under twenty-three. Sweden's healthcare is regulated nationally while entrusting local governments to deliver care to the citizens. Sweden also makes a conscious effort to provide equitable care to all its people.⁹³ Sweden ranks in the top three among 11 high-income countries on healthcare equity

⁹⁰ T. R. Reid, *The Healing of America: A Global Quest for Better, Cheaper, and Fairer Health Care* (New York: Penguin Press, 2010)

⁹¹ Kerry Capell, "The French Lesson in Healthcare" *Business Week*, July 9th, 2007.

⁹² France's Health-Care System Was Ranked as the World's Best-Here's How It Compares with the US'. CNBC. CNBC, 2019.

⁹³ Authors Roosa Tikkanen et al., "Sweden," Home

measures.⁹⁴ The Health and Medical Services Act emphasizes equal access to services according to need and a vision of equal health for all, and the level of unmet need is shallow in Sweden. Sweden has a decentralized universal healthcare system for everyone.⁹⁵ The Ministry of Health and Social Affairs dictates health policy and budgets, but the 21 regional councils finance health expenditures through tax funding; an additional 290 municipalities take care of individuals who are disabled or elderly.⁹⁶ To service 10.23 million people, Sweden has 70 regionally owned public hospitals, seven university hospitals, and six private hospitals.⁹⁷ Sweden's life expectancy is 82.40 years old, surpassing the life expectancies in Germany, the U.K., and the United States.⁹⁸ Maternal healthcare in Sweden is robust because both parents are entitled to a 480-day leave at 80% salary, and their job is guaranteed when they come back. Sweden also has one of the lowest maternal and child mortality rates globally.⁹⁹ Four in 100,000 women die during childbirth, and there are 2.6 deaths per 1,000 live births.¹⁰⁰ There are 5.4 physicians per 1,000 people, which is twice as great as in the U.S and the U.K, and 100% of deliveries are assisted by medical personnel.

Sweden maintains their healthcare regulations through legislative enforcement.¹⁰¹

According to Swedish law, hospitalization fees cannot surpass 100 KR (Swedish Krona), equivalent to \$10.88 a day. In most regions, the charge for ambulance or helicopter service is capped at 1,100 KR (\$120).¹⁰² Prescription drugs have a fee cap, and patients never pay more

⁹⁴Authors Roosa Tikkanen et al., "Sweden," Home

⁹⁵ Jennifer Philipp, "10 Facts about Healthcare in Sweden," The Borgen Project (Jennifer Philipp)

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than 2,350 KR (\$255) in one year. The maximum out-of-pocket cost is 1,150 KR (\$125) for all medical consultations in one year.¹⁰³ If the person exceeds the cap, all other consultations will be free. Additionally, medical services are free for all people under 18.¹⁰⁴ Sweden's health expenditure represents a little over 11% of its GDP, most of which is funded by municipal and regional taxes. Sweden's model of UHC is accessible to all of its citizens, affordable due to government oversight and price caps, and offers a high quality of care and higher life expectancy for Sweden's people.

Germany

In Germany, medical services and prices are put at a monetary cap by the government to help pay for their expensive system. Germany strictly controls payments to hospitals and doctors, and the system is constantly looking for ways to cut spending. Germany is a system that many Americans would understand. It works similarly to the American system, with private health insurance offered through employers and the government acting as the system's supervisor. They have multiple forms of insurance and sickness funds that you apply to and receive insurance, and you cannot be turned down or denied coverage from a sickness fund for any reason, and you can switch sickness funds at any time. In Germany, sickness funds exist to provide medical insurance and are nonprofit entities to pay the medical bills of registered citizens. The German health care system can also save money by not needing to pad the premium to pay the administrative cost.

The German healthcare system manages to exceed the United States in extending care to most Germans outside of the wealthy who choose to pay for private insurance. When T.R.

¹⁰³Jennifer Philipp, "10 Facts about Healthcare in Sweden," The Borgen Project (Jennifer Philipp)

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Knight was writing his book *The Healing of America: A Global Quest for Better, Cheaper, and Fairer Health Care*,¹⁰⁵ Seven percent of families who are considered wealthy were excused from joining mandatory sickness funds to opt for private insurance.¹⁰⁶ While many disagree because they can receive more luxurious treatment or the idea that they can receive better care by going to more expensive doctors, they have continued this way because it could cause a strain to the system making that seven percent get public insurance.¹⁰⁷ In 2017, total health expenditures made up 11.5 percent of the gross domestic product (GDP). Of this health spending, 74 percent was publicly funded, and most of that spending (57% of total) went toward SHI.¹⁰⁸ About 88 percent of the population receives primary coverage through sickness funds, and 11 percent through private insurance. There were 109 sickness funds in January 2019.¹⁰⁹ In 2017, America spent \$10,207 per capita compared to Germany's \$5,848 per capita, and they insured 100% of their people, while America spent significantly more, and 8.8% of Americans were uninsured.¹¹⁰ In 2017, private health insurance accounted for 8.4 percent of total health expenditures.¹¹¹ This includes substitutive coverage purchased by individuals who are exempt from or can opt-out of SHI (such as higher-income individuals) and supplementary policies bought by sickness fund enrollment.¹¹² In 2017, 8.75 million people were covered through substitutive private health insurance.¹¹³ In June 2018, there were 41 substitutive private health insurance companies in

¹⁰⁵ T. R. Reid, *The Healing of America: A Global Quest for Better, Cheaper, and Fairer Health Care* (New York: Penguin Press, 2010).

¹⁰⁶ T. R. Reid, *The Healing of America: A Global Quest for Better, Cheaper, and Fairer Health Care* (New York: Penguin Press, 2010).

¹⁰⁷ Authors Roosa Tikkanen et al., "Germany," Home

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¹⁰⁹ MorabitoCM, "How Germany's Universal Health-Care System Compares to the United States," CNBC (CNBC, November 22, 2019),

¹¹⁰ Authors Roosa Tikkanen et al., "Germany," Home

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Germany, of which 25 were for profit. Germany removes the business from healthcare to focus on providing healthcare services to the German people.

In Germany, sickness funds exist to provide medical insurance and are nonprofit entities that, like the French, pay medical bills. The German health care system can also save money by not needing to pad the premium to pay the administrative cost.¹¹⁴ German sickness funds spend one-third of the administrative fee that American insurance companies are used to paying.¹¹⁵ The German government cut considerable costs in 2008 by introducing their "Digital Health Card." The Digital Health Card eliminated enormous paperwork, allowing Germans to cut even more administrative costs working similarly to the French's "Carte Vitale." The Germans also used General Practitioners to "gatekeep" German citizens from going to a specialist for unnecessary treatment, saving sickness funds money.

In Germany, insurance companies compete for business. Offering incentives to buy their healthcare plan such as paying your claim in five days, Asian therapies, neonatal nursing care in the home after the baby is born, or more extended stays at health spas. Like many other UHC countries, Germans do not lose their healthcare coverage when they lose their job. The government automatically steps in to pay the premium until they have another job, no matter how long it takes to find another job.¹¹⁶ In 2006, Germans began to be required to pay a small co-pay by global standards to visit the doctors and hospitals that are to be paid once every quarter, not once every visit.

¹¹⁴T. R. Reid, *The Healing of America: A Global Quest for Better, Cheaper, and Fairer Health Care* (New York: Penguin Press, 2010).

¹¹⁵ IBID

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Germany also receives a top ranking in health care while paying almost half of what the United States pays for its healthcare system.¹¹⁷ Germany spends eleven percent of its nation's GDP on healthcare, making it one of Europe's most expensive healthcare systems. Germany's healthcare system still costs significantly less than the United States. The United States spends seventeen percent of its GDP on healthcare without offering access to everyone.¹¹⁸ In 2017 America spent \$10,207 per capita compared to Germany's \$5,848 per capita, and they insured 100% of their people, while America spent significantly more, and 8.8% of Americans were uninsured.¹¹⁹ In Germany, the patient pays a monthly insurance premium to the fund through a fee that is a percentage of their income, causing higher earners to pay more for the same coverage. This method is like a social security tax in America.¹²⁰ Germans pay about fifteen percent of their paycheck towards health insurance, splitting the cost between the employer and the worker.¹²¹ Seven percent of families considered wealthy are excused from joining mandatory sickness funds to opt for private insurance.

The pay disparities between American doctors and German doctors exist, but Germany offsets the initial disparity through malpractice insurance and education fees drastically less expensive than U.S. doctors experience.¹²² German doctors do not make the same amount as their U.S. counterparts bringing in \$100,000 to \$150,000 as Dr. Christina, a German General Practitioner, made after paying her expenses. She acknowledges that her American counterparts

¹¹⁷ T. R. Reid, *The Healing of America: A Global Quest for Better, Cheaper, and Fairer Health Care* (New York: Penguin Press, 2010).

¹¹⁸ T. R. Reid, *The Healing of America: A Global Quest for Better, Cheaper, and Fairer Health Care* (New York: Penguin Press, 2010).

¹¹⁹ MorabitoCM, "How Germany's Universal Health-Care System Compares to the United States," CNBC (CNBC, November 22, 2019).

¹²⁰ T. R. Reid, *The Healing of America: A Global Quest for Better, Cheaper, and Fairer Health Care* (New York: Penguin Press, 2010).

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make more money with their practices, but their education, as in most European countries with UHC, was free to become a doctor.¹²³ She also pays a fraction of the American doctor's malpractice fee-paying \$1,400 per year while never expecting to be sued for malpractice.

Denmark

The Danish healthcare system is ranked third best globally by USNEWS¹²⁴ All citizens in Denmark enjoy universal, equal, and accessible healthcare services. Citizens have equal access to treatment, diagnosis, and choice of a hospital under health insurance group one. Healthcare services include primary and preventive care, specialist care, hospital care, mental health care, long-term care, and children's dental services. However, citizens can buy customized insurance under health insurance group two.

Denmark has found funding for their healthcare similar to the countries discussed previously by using funds from taxes.¹²⁵ Tax revenue funds healthcare in Denmark. The state government, regions, and municipalities operate the healthcare system, and each sector has its role.¹²⁶ The state government creates general healthcare plans and regulations and allocates funding.¹²⁷ Meanwhile, regions and municipalities make specific plans according to sociodemographic criteria.¹²⁸ Regions are in charge of hospital care, while municipalities are responsible for home care, prevention, rehabilitation, and public health.

¹²³ T. R. Reid, *The Healing of America: A Global Quest for Better, Cheaper, and Fairer Health Care* (New York: Penguin Press, 2010).

¹²⁴ Jennifer Philipp, "7 Facts about Healthcare in Denmark," *The Borgen Project* (Jennifer Philipp)

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The Danish healthcare system is a model the U.S. can look to for examples of healthcare systems. Danish healthcare is held in high regard throughout the European Union for its outcomes and accessibility, which the U.S. struggles with throughout the country with their healthcare model.¹²⁹ The healthcare system runs more effectively than other developed countries, such as the U.S. and other European countries. For instance, experts attribute low mortality in Denmark to its healthcare success.¹³⁰ Health expenditure is high in Denmark, as it spends 10.3% of its GDP on healthcare services. In 2014, the amenable mortality rate in Denmark was one of the lowest in the E.U.¹³¹ This indicates that healthcare in Denmark has proven successful.

Moreover, Denmark spends relatively less money on healthcare than the USA. In 2016, the U.S. spent 17.21% of its GDP on healthcare, while Denmark only spent 10.37%.¹³² By contrast, in 2015, the life expectancy at birth in Denmark was 80.8 years, yet it was 78.8 years in the U.S. Once again, healthcare spending in Denmark proves itself to be very effective.¹³³ A high-quality healthcare system increases life expectancy.¹³⁴ Danish life expectancy slightly exceeds the average of the E.U. The overall life expectancy of Danish citizens is 81.3 years. However, Danish women have a higher life expectancy than men.¹³⁵ A 65-year-old Danish woman can expect to live almost another 20.7 years and men another 18 years.

¹²⁹ Jennifer Philipp, "7 Facts about Healthcare in Denmark," The Borgen Project (Jennifer Philipp)

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Japan

Japan boasts some of the lowest healthcare prices globally, with every procedure and visit already having a determined cost. With the efficient system of requiring everyone to have healthcare or not covering their healthcare until they back pay insurance, they keep most of the country insured.¹³⁶ Japan's statutory health insurance system (SHIS) covers 98.3 percent of the population, while the separate Public Social Assistance Program for impoverished people covers the remaining 1.7 percent.¹³⁷ The SHIS consists of two types of mandatory insurance employment-based plans, which cover about 59 percent of the population residence-based insurance plans, which include Citizen Health Insurance plans for non-employed individuals age 74 and under (27% of the population) and Health Insurance for the Elderly plans, which automatically cover all adults age 75 and older (12.7% of the population).¹³⁸ Each of Japan's 47 prefectures or regions has its residence-based insurance plan, and there are more than 1,400 employment-based plans.¹³⁹ The national and local governments are required by law to ensure a system that efficiently provides good-quality medical care. The federal government regulates nearly all aspects of the SHIS.¹⁴⁰ The national government sets the SHIS fee schedule and subsidizes local governments (municipalities and prefectures), insurers, and providers. It also establishes and enforces detailed regulations for insurers and providers.

¹³⁶ Authors Roosa Tikkanen et al., "Japan," Home

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¹⁴¹ In Japan, the average person visits the doctor 14.5 times a year, three times as much as people in the U.S. and twice as much as Europe.¹⁴² Japan also leads the world in life expectancy at 85 years.¹⁴³ In 2015, estimated total health expenditures amounted to approximately 11 percent of GDP, of which 84 percent was publicly financed, mainly through the SHIS.6 Funding of health expenditures is provided by taxes (42%), mandatory individual contributions (42%), and out-of-pocket charges (14%).

The Japanese healthcare system follows the trends of most previous models in that insurance is required. If an event happens causing you to be unable to pay, the government will pick up your tab until you can or that a government body regulates prices.¹⁴⁴ In Japan, the average person visits the doctor 14.5 times a year, three times as much as people in the U.S. and twice as much as Europe.¹⁴⁵ Japan also leads the world in life expectancy at 85 years.

Japanese healthcare keeps prices low but still struggles with the rising cost of healthcare and upkeep of medical facilities. Businesses that employ members of that village usually step in to help keep up.¹⁴⁶ Japan offers universal coverage and can see a doctor often and spends almost half as much as the United States at 8% of the Japanese GDP.¹⁴⁷ In Japan, the patient is expected to cover 30% of a doctor's bill while insurance covers the other 70%, and a monthly limit of \$650 a month is placed, meaning you will never pay more than \$650 a month on a doctor's

¹⁴¹ T. R. Reid, *The Healing of America: A Global Quest for Better, Cheaper, and Fairer Health Care* (New York: Penguin Press, 2010).

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¹⁴³ Authors Roosa Tikkanen et al., "Japan," Home

¹⁴⁴ T. R. Reid, *The Healing of America: A Global Quest for Better, Cheaper, and Fairer Health Care* (New York: Penguin Press, 2010).

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bills.¹⁴⁸ Japan also offers 3,500 insurance plans compared to France's 14 and Germany's 200 sickness funds.

Japan has an indivial mandate that requires everyone to sign up for health insurance, but if you become unemployed, the government will cover your insurance until you have a job.¹⁴⁹ If you decide to ignore the mandate and not get insurance, you will be required to pay one years' worth of premiums before insurance will come in and pay your medical bills.¹⁵⁰ Japan's health ministry also negotiates prices so that a universal price list for all procedures can be known to everyone before they ever go to the doctor. Many children dream of becoming doctors in Japan, so even though their wages are not up to American standards, it is still an idolized field, meaning there is no shortage of doctors causing competition in big cities.

Canada

The Canadian healthcare system is the system many Americans refer to the most when they beg their government for a new healthcare method during election cycles. All Canadians are covered under the government's healthcare program with an option to private insurance that can afford you extra prenatal and neonatal classes, a private suite to give birth in, or a more extended hospital stay.¹⁵¹ Private insurance does not allow anyone to skip the line, but it does allow those that have it to receive treatments that are considered lifestyle choices, such as Viagra, Botox, and circumcision for males. Canadians worry about the possibility of a two-tier system for wealthy people and everyone else, causing them to make private insurance supplemental but without

¹⁴⁸ T. R. Reid, *The Healing of America: A Global Quest for Better, Cheaper, and Fairer Health Care* (New York: Penguin Press, 2010).

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offering anyone better treatment than anyone else.¹⁵² While Canada is a model after a single-payer healthcare system, it is more like a thirteen-payer healthcare system. Each of the ten provinces and three territories conducts its Medicare system as Canada operates from a decentralized government style.¹⁵³ Every province is responsible for its Medicare program, but with recommended laws to receive the funding, they all have a mandatory set of guidelines.

Canadians also have a monetary cap on pricing and prescriptions, causing prescription tourism. Their neighbors to the south do not have capped pricing on medications causing Canada to be much cheaper.¹⁵⁴ Canadians pay a fourth or half of what Americans pay at prescription drug prices. Canadians are only required to pay co-pays in certain provinces, while other provinces make you pay nothing, causing most medical procedures to be close to free, if not completely free.

Like many other UHC plan doctors, Canadians do not make as much as their southern neighbors. They are also afforded a virtually free higher education and significantly less expensive malpractice insurance similar to other nations that practice Universal Healthcare.

While these systems have many perks, they also have some downfalls; for example, the United Kingdom and Canada are notorious for long wait times. *The Healing of America: A Global Quest for Better, Cheaper and Fairer Health Care* tells the story of a woman in Great Britain who died due to her extended waiting period after a tumor was found. By the time she could see the doctor who could treat her cancer, it was too late, and she had died. The kinks in the NHS system failed her, and the British press obliterated the system in the media.

¹⁵²T. R. Reid, *The Healing of America: A Global Quest for Better, Cheaper, and Fairer Health Care* (New York: Penguin Press, 2010).

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Governments of both nations have made reforms to their systems, saving lives and lessening wait times, prioritizing necessary medical care and procedures such as cardiac-related health problems, tumors, and health concerns of a critical nature. Canada and the U.K. now have time frames in which all of these medical conditions should be handled in lieu of elective procedures.

The United Kingdom

The United Kingdom offers the National Healthcare Service (NHS), a public insurance option that ensures the entire country. The NHS is one of Britain's most popular programs, with every prime minister, including Margaret Thatcher, who privatized multiple public services in Britain, including the railroads but never touched the NHS. The NHS allows anyone in Britain to walk into a hospital or doctor's office and receive care without ever receiving a bill making healthcare accessible to everyone.¹⁵⁵ The British healthcare system cares for a fifth of the American population but spends a fifteenth of what America spends on healthcare. The British system owns the hospitals, pays the doctors, buys the medicine, and covers all the bills.

While healthcare is accessible to everyone, every treatment is not under the National Institute for Health and Clinical Excellence (NICE) supervision, a government agency tasked with deciding what treatments are worth being used to save people's lives. NICE is an entirely transparent government organization that regulates what treatments can be used and paid for under the NHS system to ensure a small group of people does not use all the NHS financial resources.

¹⁵⁵ T. R. Reid, *The Healing of America: A Global Quest for Better, Cheaper, and Fairer Health Care* (New York: Penguin Press, 2010).

The British government, unlike the French, also use General Practitioners to gatekeep specialist to keep cost low and treat anything that does not necessarily need specialist attention. The system in the United Kingdom is also reformed often to appease doctors and citizens alike. With the rising cost of medical care, the government is also tasked with keeping medical care and prices low throughout their nation.¹⁵⁶ A doctor in Britain who has a registered list of 4,000 patients double what the average General Practitioner sees in the United States earns about \$125,000. The NHS offers doctors in Britain incentives for best practice preventative care to earn more income. Allowing them to double their income potential.¹⁵⁷ In Britain, the law states that if they are following NICE guidelines for treatment and procedure, they cannot be sued for malpractice, causing malpractice insurance to be a small fraction of American doctor's malpractice insurance. Doctors in Great Britain usually graduate with no debt because the tuition adjusted to 2021 inflation is about \$4,500 per year, and many local governments step in and pay tuition for the prospective doctors.

The nations struggle with keeping the prices down as healthcare costs continue to rise as all these systems are funded by taxpayers and either run or heavily watched over by the government. In Switzerland, most insurance is private, but the government negotiates and caps pricing while not allowing insurance companies to exploit and debilitate customers to satisfy investors.¹⁵⁸ The sales tax in the United Kingdom helps to pay for the NHS being set a 17.5%. The sales tax is high, but no one will ever receive a medical bill, and you will receive quality service, but you will wait if your medical diagnosis is not terminal, cardiac, or causing acute

¹⁵⁶ T. R. Reid, *The Healing of America: A Global Quest for Better, Cheaper, and Fairer Health Care* (New York: Penguin Press, 2010).

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pain.¹⁵⁹ Many countries require higher taxes to pay for their extensive forms of UHC, with the French paying about 3,000 euros per year in taxes for their healthcare system. While the idea of higher taxes intimidates many Americans, every nation mentioned previously spends almost half of what America spends on healthcare. They get more care for their money and are guaranteed quality care from their system. In contrast, many Americans rely on their employers to give them insurance coverage that will not be there for them if they lose their job regardless of their reason for no longer working.

Switzerland

¹⁶⁰ While boasting a UHC system through regulation rather than government insurance, Switzerland has almost 100% of its citizens enrolled in healthcare, even those who have recently immigrated. They are required to sign up for an insurance plan within three months of moving to Switzerland.¹⁶¹ Switzerland's regulation of their healthcare system came through the health insurance law of 1994, and by 1996 almost 100% of the nation was covered.¹⁶² In 2016, total health expenditures represented 12.2 percent of Switzerland's GDP, or CHF 80.7 billion (USD 66.7).^{2,3} Publicly financed health care accounts for 62.8 percent of health spending, or 7.7 percent of GDP.

The Swiss healthcare system attempts to keep the country healthy by preventing sickness and making visits to the doctor accessible. Mandatory health insurance covers many medical needs, from General Practitioner visits to maternity care for the mother pre-and post-birth.

¹⁵⁹ France's Health-Care System Was Ranked as the World's Best-Here's How It Compares with the US'. CNBC.

¹⁶⁰ Authors Roosa Tikkanen, Authors, Roosa Tikkanen, Robin Osborn, Elias Mossialos, Ana Djordjevic, and George A. Wharton. "Switzerland."

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Switzerland would be a healthcare system that many Americans would understand like Germany because there is public insurance with a private option offering choices. Similar to Germany, they can have private healthcare as their care and pay entirely out of pocket, or they can purchase private healthcare to supplement the needs not met by their mandatory health insurance option.

¹⁶³ Swiss healthcare in 2016 has seen a majority of its residents opt for the minimum deductible for their insurance, with the remaining forty-six percent choosing the higher deductible.¹⁶⁴ Under mandatory health insurance, insurers must offer a minimum annual deductible of CHF 300 (USD 248) for adults and a zero deductible for children through eighteen.¹⁶⁵ Insured persons may opt for a higher deductible of up to CHF 2,500 (USD 2,066) for adults and CHF 600 (USD 496) for children, with a lower premium.¹⁶⁶ Insured persons pay 10 percent coinsurance for all services (except for maternity care and some preventive services), with a cap of CHF 700 (USD 579) per year for adults and CHF 350 (USD 289) for children through age 18.¹⁶⁷ For brand-name drugs with a generic alternative, 20 percent coinsurance is charged instead of 10 percent. There is an additional CHF 15 (USD 12) copayment per inpatient day for hospital stays.

Switzerland's healthcare system also makes it more accessible to receive preventive treatments and have healthcare while in school up to 25.¹⁶⁸ Maternity care and some preventive services such as mammograms and colorectal cancer screenings are fully covered and exempt from deductibles, coinsurance, and copayments. Children or young adults in school are exempt from copayments for inpatient care.

¹⁶³ Authors, Roosa Tikkanen, Robin Osborn, Elias Mossialos, Ana Djordjevic, and George A. Wharton. "Switzerland."

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Chapter 4: Reforming the American healthcare system with UHC

The benefits of America implementing universal health care is that it would have the potential to save money and lives. This chapter will discuss the reformation of America's healthcare system and the political processes that circumvent and impede necessary progress. A step-by-step approach will explain what steps America must take to give all Americans a better healthcare system leading directly to a successful transition to a universal healthcare system.¹⁶⁹ A single-payer system akin to Senator Bernard Sanders's (I- Vermont) plan would cut the nation's healthcare expenditures by 13 percent, or more than \$450 billion, each year as well as as saving 68,000 lives.”¹⁷⁰ Researchers applied the existing Medicare fee structure across the entire

¹⁶⁹ Ingraham, C. (2020, February 21). Analysis | Here's that Medicare-for-all Study Bernie Sanders keeps bringing up.

¹⁷⁰ IBID

healthcare system and found it would save about \$100 billion annually.¹⁷¹ Letting the national Medicare system negotiate pharmaceutical prices would save about \$180 billion, meaning all-around a universal healthcare system in America could save billions of dollars annually while providing every American with coverage.

Healthcare in America is a business, and like many other businesses, they lobby and sway officials in American politics.¹⁷² Companies classified as big pharmacies and big insurance companies occupy spots three through six as the top spenders in lobbying, attempting to persuade politicians towards their business goals.¹⁷³ The top spenders in lobbying from highest to lowest in the healthcare industry are Pharmaceutical Research & Manufacturers of America, American Hospital Association, Blue Cross/Blue Shield, and American Medical Association.¹⁷⁴ Spending for pharmaceutical industry lobbying reached a record amount in 2020, at more than \$306 million, compared to \$299 million in 2019.¹⁷⁵ The top pharmaceutical lobbyist in 2020 was the Pharmaceutical Research & Manufacturers of America (PhRMA), which spent \$25.9 million, making them the third-highest lobbying spender overall.

Universal health care in other countries as previously stated in chapter two is ranked higher than the American healthcare system by multiple sources while facing challenges such as funding, upkeep of facilities, and doctor to patient ratios that arise within any system. Funding of many UHC systems comes directly from taxes, as such, governments struggle to maintain their

¹⁷¹Ingraham, C. (2020, February 21). Analysis | Here's that Medicare-for-all Study Bernie Sanders keeps bringing up.

¹⁷²Top Spenders," OpenSecrets, accessed October 19, 2021, <https://www.opensecrets.org/federal-lobbying/top-spenders>.

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¹⁷⁴ Mercola, Dr. Joseph, Dr. Joseph Mercola, Dr. Joseph Mercola Dr. Joseph Mercola is the founder of Mercola.com., and Dr. Joseph Mercola is the founder of Mercola.com. "Big Pharma's Big Spending on Lobbying Netted Big Contracts in 2020." Children's Health Defense.

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fair prices and facilities as the cost of care increases worldwide due to the cost of the products necessary to provide the service of healthcare. The materials required to provide a high standard of healthcare are as valuable as the service itself but come with a finite price tag. Many countries such as Japan and the United Kingdom focus on providing care, not the aesthetic of their buildings.¹⁷⁶ T.R. Reid states in his book that the hospital he visited in Great Britain looked as if it had not been painted since it opened in the early 1900s. Japan's facilities were basic buildings with nothing aesthetically pleasing on the interior. They make an effort to save the money on building upkeep to maintain fair costs.

UHC systems working throughout each industrialized nation continue because each nation attempts to give excellent care at minimal cost, with the government regulating prices for care, procedures, and drugs. Great Britain controls the entire healthcare system to maintain the same trifecta. The money that needs to be pumped into the infrastructure to support many UHC programs is waning as healthcare costs rise yearly worldwide. Still, the privileges obtained through UHC have been noteworthy for many of the world's nations, with many achieving a more equitable quality of care, longer life expectancies, and people staying healthier longer. While the doctors understand that their pay looks well below America's doctors, they do not have to carry the same student loan debt as American doctors or carry the same heavy burden of expensive malpractice insurance. For example, in the United Kingdom, as long as the doctor and medical staff follow the National Health Service procedure, they cannot be sued for their care.

UHC could benefit Americans by allowing every American and legal resident to receive medical care without rendering them bankrupt. No system is perfect, but America could look at

¹⁷⁶ T. R. Reid, *The Healing of America: A Global Quest for Better, Cheaper, and Fairer Health Care* (New York: Penguin Press, 2010).

many of its European allies and build off what they have already done to implement UHC in their nations. The following steps would allow America to implement a healthcare system similar to its European counterparts.

1. Create a UHC system that offers all citizens and legal residents the same standard of care with access to the same doctors through government insurance. This is modeled by the Germans and the French and could be expanded to a system similar to the Swiss that requires a mandatory option to be offered through health insurance providers at an affordable price to the policyholder.
2. Allow for those who want to keep their private insurance to keep it. Cap the prices private insurance can charge, making it accessible for more people to use as a supplement to their government insurance. Private insurance would be used to avoid a strain on the government insurance for those who can afford it, mimicking the German government. The German government allows the small percentage of the population who do not use sickness funds to use private insurance as their only health insurance, and Switzerland allows a similar practice.
3. Those with private insurance can enjoy benefits to their care, but not a different level of medical care, and doctors cannot choose not to deny treatment of any patient due to their insurance, like the German model. Your private insurance can get you a private birthing suite or more visits from midwives and nursing specialists if you use the eight to ten included with most basic insurance plans throughout Germany and Switzerland. You still receive the basic care for pre-natal and post-natal care that is already customary.

Private insurance would give you more options of how you receive care but does not alter the quality of care anyone will receive. For example, a woman can deliver a child or recover from surgery in a private room paid for by their private insurance. However, the woman

receiving government insurance and the woman receiving private insurance still have access to the same doctor and hospital with the doctor is required to treat both and medical staff attending to both women and their medical needs. The only difference will be that the woman with private insurance has opted to deliver in a private room, while the woman with a sickness fund plan only may have to share a room.

Allowing everyone to receive insurance would enable people to live longer and healthier lives. Japan operates its system by attempting to prevent sickness by offering yearly physicals that citizens are constantly reminded to schedule. Great Britain offers preventative measures if you have a family history but not yearly physicals as they do not view the annual visits as cost-effective. The Canadians operate using an egalitarian system that prides itself on equality, while Switzerland has built its approach on the Swiss principle of unity. Allowing the same system to be available to everyone ensures everyone has the opportunity to receive excellent care. However, by allowing private insurances, they allow for there to still be options outside of the government, negating the fear Americans may have of losing their right to choose. Allowing options outside government insurance allows private insurance carriers to offer the best coverage and benefits to their policyholders. Germany's different private insurance companies use this practice to attract those that want private insurance to their business.

The following steps are changes necessary to build a healthcare system dedicated to providing care to all citizens

1. Insurance companies should be legislated and regulated to where they cannot find any way around denying claims once the doctor or medical facility has submitted the bill. It can cut

down on administrative costs ensuring that every American can access healthcare as done in Switzerland.

2. All insurance companies should be taken off the stock exchange and made private so that their primary job is offering the best insurance they can and not paying their investors. The German government has made their sickness funds non-profit, ensuring their top concern is giving people healthcare and paying claims.

3. Insurance companies, government, and healthcare unions representing doctors, nurses, and other medical staff should negotiate caps on procedures, treatments, salaries, and additional medical services. The best example of this practice is in France, Germany, and Japan, where the healthcare systems are designed to be as accessible and transparent as possible while attempting to control cost.

By taking the profit out of insurance through government regulation and requiring compulsory insurance to be offered, insurance providers are left to help people achieve coverage. With the German and Swiss healthcare model proposed, health insurance companies still make money as non-profit organizations whose goal is to help people receive care. Health insurance companies would still offer private insurance that people can use to supplement care or buy extra care but not receive a better standard of care than anyone else using the healthcare system. Taking on the health insurance industry could mean better medical care for more people because everyone will have the ability to see a doctor and receive care. If everyone can see a doctor, it means America must expand the infrastructure of their medical field.

To avoid the problems of the Canadians and British, America must learn from their failures while also stimulating the economy. Below are suggestions that offer solutions to the difficulties experienced by other nations within their UHC systems.

1. America will need to build more doctors' offices or expand and renovate the existing offices to treat those that will now have access to health care. Doctors should re-establish house calls such as those done in Germany and France. America will need to model the availability and accessibility of doctor's offices similar to those of Japan and Germany. Due to their smaller population, they have one or two per town and village. In the denser population areas within the U.S., more general practitioners and certain specialist offices such as OB/GYN will be needed at a much higher rate.

2. With more facilities, more doctors, nurses, medical techs, and non-medical staff will be needed to maintain these facilities, creating jobs.

3. To encourage employment in the medical field, Americans must take a cue from the European UHC systems and offer a monetary benefit in taxes or school loans exemplified by Britain, France, Japan, Germany, and Switzerland. A large part, if not all, medical education is paid for by the local or federal government, or it is affordable so it can be paid off without increased financial strain on the student.

The infrastructure needed to stop long waits and get patients through the system will create jobs in construction as some facilities expand their already existing buildings, the medical field as more positions available, and other essential jobs required to keep a medical facility open such as janitorial staff, phlebotomist, and the office staff is needed. By offering doctors, nurses,

and medical staff an opportunity to obtain their education for free or write it off on their taxes, more students can be drawn to the field to ensure everyone can promptly access a doctor.

The Lancet Journal published multiple studies since 2019 confirming the economic capabilities of the United States to fund UHC without ever straining its citizens.¹⁷⁷ Galvani and her colleagues estimate that the federal government would have to bring in an additional \$773 billion a year relative to current revenue levels to support Medicare-for-all fully.¹⁷⁸ They estimate this could be paid for, in part, by a 10 percent payroll tax that would bring in \$436 billion annually.¹⁷⁹ Given that current employer contributions to health care work out to about twelve percent of payrolls, this would still be about \$100 billion less than what employers currently pay.¹⁸⁰ The remaining funding could be delivered via a five percent tax on household income, yielding \$375 billion a year.¹⁸¹ Again, with the elimination of employee contributions to existing health insurance premiums, the average household could expect to save well over \$2,000 a year.¹⁸² The lack of patient billing under a Medicare-for-all system would also eliminate the roughly \$35 billion a year that hospitals now pay to chase down unpaid bills.

Americans could have universal healthcare if some Americans and American politicians put their American superiority and business interest aside and accepted that other countries came up with a better healthcare system than the American healthcare model. Americans struggle to pay medical bills, and many do not have access to healthcare at all. The idea of reforming healthcare in the United States is not an idea that just came about in this century, thus being in

¹⁷⁷ Ingraham, C. (2020, February 21). Analysis | Here's that Medicare-for-all Study Bernie Sanders keeps bringing up.

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the political sphere for multiple generations of politicians. Reforming the American healthcare system should not be taboo because generations before today's current Americans recognized that the American healthcare system could be better.

The German and Swiss healthcare systems would offer Americans the smoothest transition to universal healthcare, and America can build off the progress made through the ACA (P.L. 111-148). Germany requires citizens to sign up for a sickness fund or private insurance. In contrast, Switzerland requires a mandatory insurance plan to be offered to its citizens, requiring enrollment within ninety days of being in the country. If one cannot pay for health insurance, a government safety net is there to provide coverage. The ACA (P.L. 111-148) attempted to mandate health insurance by giving tax penalties to those that did not have insurance by the mandated date and offering insurance with some states expanding Medicaid to provide coverage to more people. America could take the infrastructure already built and mandate healthcare as Germany and Switzerland already do. America could offer government-controlled sickness funds or heavily regulate private insurance companies. American regulation could mandate that insurance companies provide a plan with a high or low deductible option as done in Switzerland, allowing citizens to choose how much money they pay for how much care they need. The best way to build off the ACA (P.L.1111-148) is by implementing a hybrid system that incorporates the best parts of the Swiss and German UHC models.

If America were to take the best pieces that are the most sustainable, acceptable, and accessible to Americans, they could have universal healthcare. The German model of healthcare requiring everyone to belong to a sickness fund or have private insurance, along with the Swiss example of having private insurances offer mandatory insurance and voluntary insurance, allows the options and different levels of affordability. Americans need and would be more attracted to

accepting versus forced government insurance that some feel infringes on their rights. If Americans have a job paying taxes, they have already begun paying for their coverage, and if they do not have a job, their local or state government is paying their insurance bill until they find employment.

For example, if you move to Wisconsin and do not have a job yet, you can sign up for a sickness fund and have healthcare coverage regardless of your employment status. Due to regulation by the government, how much money healthcare will cost you out of pocket has a monetary cap, as do your prescription medications. When you find employment, your taxes will begin to pay for the healthcare the government provided you and the healthcare you will continue to receive however, suppose you decide you want more healthcare coverage. In that case, you can pay for voluntary or private insurance to receive more benefits or luxurious treatments such as massages or luxury procedures not imminent or necessary to your health or livelihood. However, you will still receive the same standard of care as all other Americans in a medical facility that provides standard and necessary medical care to everyone.

The United States could enact the German and Swiss systems with ease because pieces of their healthcare system are already similar to established systems in America, such as Medicare and Medicaid. They are government-funded insurance programs for impoverished or over the age of sixty-five operating similar to sickness funds whose primary purpose is providing healthcare to the user. The United States could allow the already active insurance companies to have a mandatory insurance policy that all Americans could access to be insured. The insurance company can still offer private insurance to supplement their compulsory insurance through the same or different carriers if they would like similar to the Swiss. America could take their pre-natal and post-natal care for mothers from the German and Swiss healthcare systems, along with

its billing system using a digital health card to cut down on American health insurance administrative costs. Germany and Switzerland's healthcare systems have similar landscapes through different methods that the United States could use as a blueprint to provide better healthcare to their people.

The German and Swiss healthcare system hybrid would benefit Americans by providing equitable and equal consideration to every American by price capping care and prescriptions. The government would regulate the hybrid system with the voices of doctors and patients operating like unions to produce the best care for the patients and the most productive circumstances for the doctors. Most American citizens would quickly accept a hybrid healthcare system because it allows for affordable and accessible healthcare that will not break their bank accounts, wallets, or eat through their life savings, and they can still get care. A healthcare system paid for by taxes helps remove the fear and pressure of cost while guaranteeing healthcare coverage to everyone who needs it.

A German and Swiss hybrid program for Americans would be the most efficient program in the shortest amount of time. However, there would still be hurdles to its implementation in America because some will feel government oversight and attempt to stall its implementation. While combating those that would want to refuse the system, there would also be a question of whether America offers three insurance options or two. America could expand Medicaid/Medicare and treat it like a German sickness fund. Anyone can sign up and have access while allowing for mandatory insurance with a high and low deductible and allowing private insurances for supplementation and total coverage. America could also only have two tiers, with those tiers being government sickness funds or private insurance. The former option with three tiers would be more efficient and offer more choices than the latter only offering two.

American politicians will have to decide what is best for Americans and offers them the best option for the best price.

Americans watch as many of their allies, such as the United Kingdom, Japan, and Germany, exceed them in healthcare and their northern neighbor Canada. The countries previously mentioned are experiencing UHC that allows more of the population to be healthier, live longer, have lower infant and maternal mortality rates, and have better health outcomes. Canada prides itself on its egalitarian system that, like Thailand, has closed and is closing gaps in healthcare for its people. America struggles with health disparities due to race and finances. People either cannot pay their medical bills once they come or do not have insurance to start with, placing all of the medical debt squarely on their shoulders. These circumstances were put under the microscope because of the COVID-19 pandemic exacerbating the tears to the already broken system.

American politicians constantly push back at the idea of UHC by stating the government cannot afford it or by saying it would be government overreach when it would save Americans' money and offer care to every American citizen. Suppose America offered UHC to every American as they do in many of America's allied countries. In that case, America could potentially close the gaps of care, stimulate the economy, and create jobs in the healthcare field due to the expansion of infrastructure and employment needed to treat what would be a cascading wave of people getting the healthcare that they could not afford before with America's current model of healthcare.

Healthcare should be a right in America because you cannot experience life, liberty, and the pursuit of happiness if you are dead or living under crippling medical debt your entire life.

America could create a healthcare system that models Sweden or Germany appealing most Americans to keep their private or public insurance options. It would still be cheaper than the healthcare system they have now. America chooses not to give its people the best quality of life by giving them a system that many have already figured out works and that Americans could work to make better for their country's needs.

Healthcare has always been a topic of political conversation throughout the developed world, starting with Kaiser Wilhelm giving Germans the first sickness funds in Germany. The German sickness funds would become so popular the Nazi party would not touch them during their reign over the German government.¹⁸³ British Prime Minister Margaret Thatcher, who developed the reputation and a nickname referring to her as the “Iron lady,” would privatize most services in Britain, including the railroads, but even she would not touch the National Health Service of the United Kingdom due to its popularity. Suppose these two conservative figures that live in infamy through the memories of their times in power could make room for Universal Healthcare in their conservative agendas. What is stopping American politicians from doing the same?

American politicians have used healthcare as a political football since Bill Clinton attempted to introduce major healthcare reforms in the early 1990s until current times. Special interest groups, social justice organizations, and Democratic politicians are still fighting and protesting for a better healthcare system modeling the United States neighbor Canada or one of America's European allies. These organizations and politicians are fighting for better care not centered around profit so that every American has access to healthcare. Conservative politicians

¹⁸³ T. R. Reid, *The Healing of America: A Global Quest for Better, Cheaper, and Fairer Health Care* (New York: Penguin Press, 2010).

turn a universal healthcare system in America into a political football by stating it would be government overreach, or as they stated in the Harry and Louise commercial bad for Americans by taking away their choices and adding more expenses to the already expensive American healthcare system. When looking at other countries such as Germany and Japan as examples, a strong counterargument is presented. Americans need healthcare, so why are Americans having such a hard time getting it when most Americans understand that the system is broken and needs to be fixed.

Republicans' stance on healthcare since the Clinton Administration has shifted with¹⁸⁴ 23 Republican senators, including then-Minority Leader Robert Dole, co-sponsored a bill introduced by Senator John Chafee that sought to achieve universal coverage through a mandate that is, a mandate on individuals to buy insurance in 1993. Still, the Republicans of the modern Republican party are making vows to repeal what is now known as the Affordable Care Act (ACA) (P.L. 111-148). However, it met their party's standard for healthcare less than thirty years ago. President Obama had to fight tooth and nail for the affordable healthcare act to pass a Congress controlled by his party even though Republicans had approved his healthcare plan a decade and a half earlier.

In 2016, after the election of President Donald Trump, the Affordable Care Act (P.L. 111-148) was believed to be in a crucial and dire position as he ran on the idea of repealing the ACA (P.L. 111-148). Republicans attempted to repeal the ACA through a vote and the Supreme Court, and both attempts were thwarted. The ACA (P.L. 111-148) and its changes to healthcare in America are not perfect by far, but they help Americans, and Republicans had nothing to fill

¹⁸⁴ Paul Starr, "What Happened to Health Care Reform?" *The American Prospect* no. 20 (Winter 1995): 20-31.

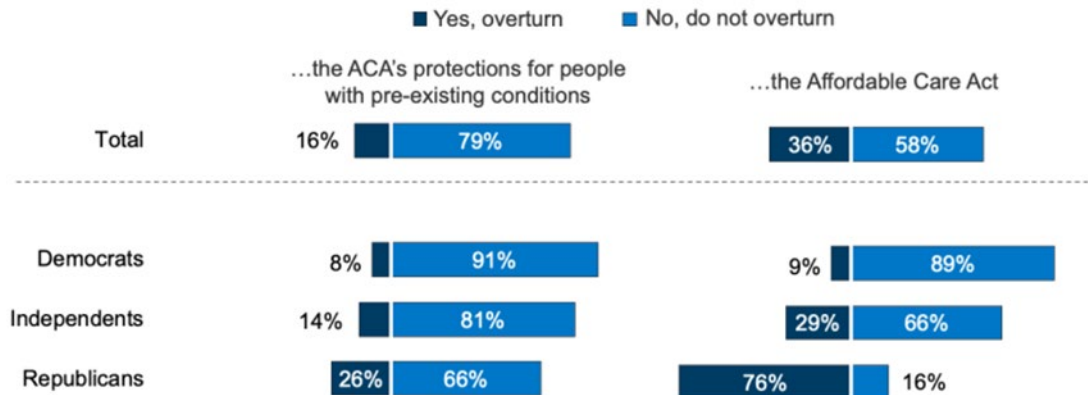
in the gap. Repealing the ACA (P.L. 111-148) would leave if either attempt to overturn the ACA (P.L. 111-148) would have worked. The idea of undoing the work of a Democrat President was a prime example of politicians putting politics before people and using healthcare as a political football again, even though more Americans favored keeping the ACA's (P.L. 111-148) preexisting conditions protections versus overturning the entire law.

Majorities Do Not Want Court to Overturn ACA's Pre-existing Condition Protections, Republicans Want Entire Law Overturned

Figure 2

Majorities Do Not Want Court To Overturn ACA's Pre-Existing Condition Protections, Republicans Want Entire Law Overturned

Would you like to see the Supreme Court overturn...?



SOURCE: KFF Health Tracking Poll (conducted October 7-12, 2020). See topline for full question wording.



¹⁸⁵ Liz Hamel. "5 Charts about Public Opinion on the Affordable Care Act and the Supreme Court." KFF, June 17, 2021.

This displays that Americans getting healthcare is more about party politics than what is best for the people, similar to the fight to control the ever-increasing cost of drug prices from pharmaceutical companies.¹⁸⁶ House Democrats recently advanced legislation that allows the federal government to negotiate the price of drugs that lack generic equivalents.¹⁸⁷ The bill passed the House Ways and Means Committee without a number of amendments proposed by progressive Democrats who argued the bill isn't strong enough. Senate Republicans have said the Democrats' bill will not fly in the upper chamber.¹⁸⁸ Although members of both parties in the Senate agree drug prices need to be lowered, they can't agree on how to do it.¹⁸⁹ Among Republicans and Republican-leaning, a 66% majority says the government does not have the responsibility to make sure all Americans have health care coverage.¹⁹⁰ Among the one-third of Republicans who say the government does have this responsibility, opinion is divided over whether or not it should be provided through a single government program or a mix of private and government programs.

As many American Democrats have shown since 1992, they favor a healthcare plan for every American allowing accessibility to care and treatment. The most prominent concern has been how far America goes reforming the American healthcare system. Do they issue "Medicare for All" eradicating private insurance, or do Americans have the option to have private insurance with all Americans having access to a national healthcare plan?¹⁹¹ 36% of Americans say it

¹⁸⁶ "Big Pharma Continues to Top Lobbying Spending." OpenSecrets News, October 25, 2019.

¹⁸⁷ "Big Pharma Continues to Top Lobbying Spending." OpenSecrets News, October 25, 2019

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¹⁸⁹ Jones, Bradley. "Increasing Share of Americans Favor a Single Government Program to Provide Health Care Coverage." Pew Research Center. Pew Research Center, September 30, 2020.

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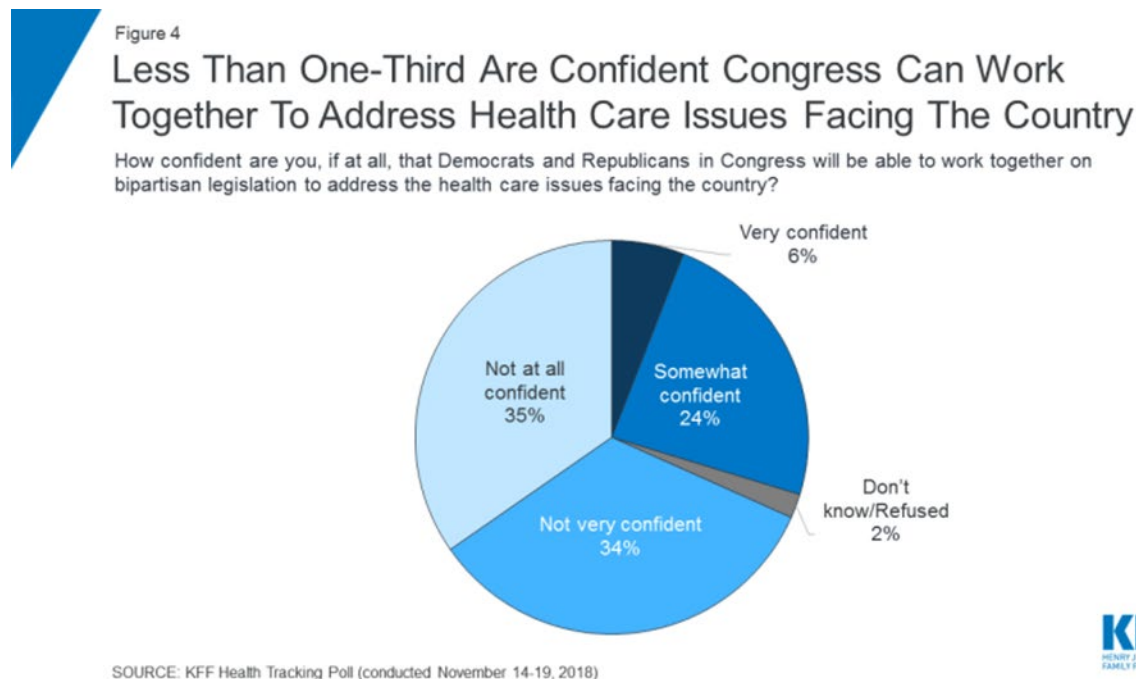
should be provided through a single national government program. ¹⁹²26% say it should continue to be provided through a mix of private insurance companies and government programs.

Democrats know that Americans need healthcare. Although there are models of universal healthcare systems throughout the world, American politicians are struggling with giving American's healthcare and what would be the best proposal to provide to them. The political polarization of healthcare has led many Americans to believe that America's politicians will not find a solution to the American healthcare system catastrophe.

¹⁹²Jones, Bradley. "Increasing Share of Americans Favor a Single Government Program to Provide Health Care Coverage." Pew Research Center. Pew Research Center, September 30, 2020.

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Less Than One-Third Are Confident Congress Can Work Together to Address Healthcare Issues Facing the Country



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¹⁹⁴ Americans agree that healthcare is needed in America, with 63% of U.S. adults saying the government has the responsibility to provide health care coverage for all, up slightly from 59% last year. ¹⁹⁵ Roughly a third (37%) say this is not the federal government's responsibility to provide healthcare to all Americans. As time continued to move forward, more Americans,

¹⁹³ Bryan Wu, and Nov 2018. "KFF Health Tracking Poll – November 2018: Priorities for New Congress and the Future of the ACA and Medicaid Expansion." KFF, April 24, 2019.

¹⁹⁴ Jones, Bradley. "Increasing Share of Americans Favor a Single Government Program to Provide Health Care Coverage." Pew Research Center. Pew Research Center, September 30, 2020

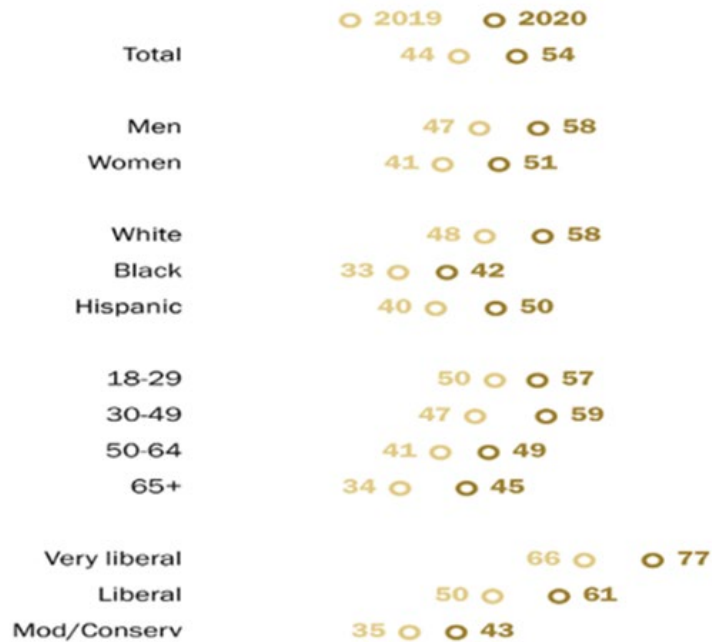
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particularly Democrats and left voting independents, continued to support and grow in support of a Universal Healthcare system.

Across the Board Increase in the Share of Democrats Favoring Single Government Program to Provide Health Insurance

Across-the-board increase in share of Democrats favoring single government program to provide health insurance

Among *Dem/Lean Dem*, % who say health care coverage is a government responsibility and that health insurance should be provided through a single national government program



Notes: White and Black adults include only those who are not Hispanic. Hispanics are of any race. Don't know responses not shown.

Source: Survey of U.S. adults conducted July 27-Aug. 2, 2020.

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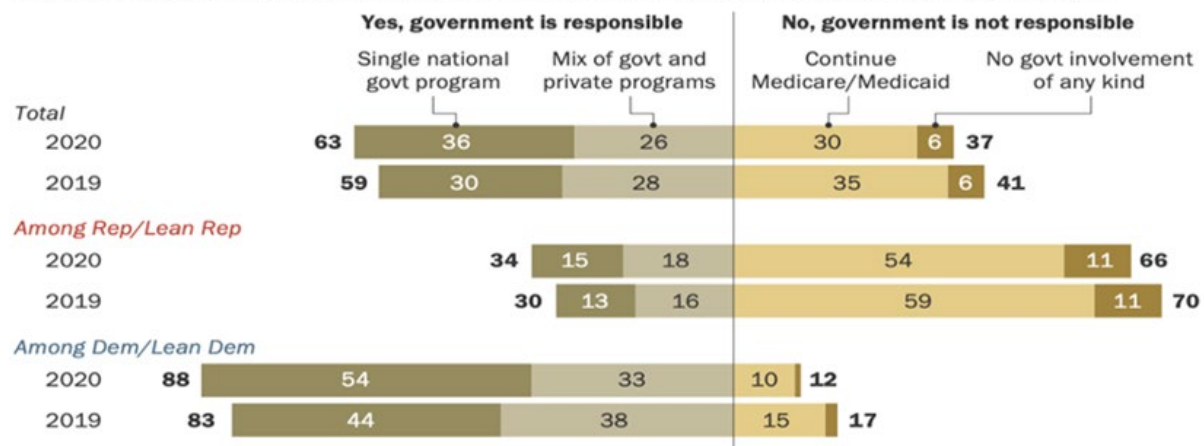
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¹⁹⁶ Jones, Bradley. "Increasing Share of Americans Favor a Single Government Program to Provide Health Care Coverage." Pew Research Center. Pew Research Center, September 30, 2020

Majority of Democrats Favor a Single National Government Program to Provide Healthcare Coverage

Majority of Democrats favor a single national government program to provide health care coverage

Is it the federal government's responsibility to make sure all Americans have health care coverage? (%)



Note: No answer responses not shown.
Source: Survey of U.S. adults conducted July 27-Aug. 2, 2020.

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Expanding the U.S. healthcare system could save everyone money, including the United States government, if America removed political stigmas from creating a healthcare system that serves all benefits every American, along with being cost-effective and cost-conscious. Many countries such as Bangladesh and India have given their citizens a form of UHC and have reaped

¹⁹⁷ Jones, Bradley. "Increasing Share of Americans Favor a Single Government Program to Provide Health Care Coverage." Pew Research Center. Pew Research Center, September 30, 2020

the benefits without a large amount of funding.¹⁹⁸ Bangladesh's rapid progress makes clear the effectiveness of providing a significant role to women in the delivery of healthcare and education, combined with the part played by women employees in spreading knowledge about effective family planning (Bangladesh's fertility rate has fallen sharply from being well above five children per couple to 2.2—quite close to the replacement level of 2.1).

Although the American view towards UHC has shifted, every American is not in favor of a universal healthcare system. Every American does not face the same obstacles using the American healthcare system. Every American is not underinsured and receiving bills that their coverage will not pay or cannot pay when the bill comes. Every American does not want one healthcare system for everyone or the possibility of giving up their insurance choice for a government model. The best model for the United States reinforces why a German/Swiss healthcare model offers options amongst insurance and mandatory insurance.

In comparison, universal healthcare is a better model than the current U.S. system. No country has found a perfect system; for example, Canada and Britain still struggle with wait times for patients to see specialists. While Japan and France fight to keep costs low, Germany and Switzerland attempt to keep the cost of care and prescriptions low while maintaining a fair system that does not allow private insurance to allow you more access to healthcare or better care from medical staff.

Each universal healthcare system previously discussed in chapter three spends almost half of America's healthcare expenses. Yet, they still struggle to keep prices low as the cost of healthcare rises globally. Each country attempts to cap procedures, doctors' visits, and

¹⁹⁸Amartya Sen, P. (2019, August 23). Universal health care: The affordable dream. Retrieved February 26, 2021

prescriptions while giving the best care. To maintain their low cost of healthcare requires fierce government regulation, or organizations like NICE to make sure all the money is not spent or abused by a particular age group or specific person as the funds are to be used by everyone in the nation.¹⁹⁹ As presented previously, Bernie Sanders's (Vermont-I) plan would be expected to save America money by eliminating administrative costs by making all healthcare government-run. It would cost an estimated \$32 trillion in its first decade, more than double all currently projected federal individual and corporate income tax collections contradicting research stating that it could and would save America money.

While many are worried about the money, the Heritage Foundation, in their piece entitled “‘Medicare for All’ Would ruin the care Americans already like.” validates that many Americans like their care and would not like if switching to a government-run system meant that they would have to endure the long wait times of Britain and Canada.²⁰⁰ The Kaiser Family Foundation reports that 70 percent of Americans would oppose “Medicare for All” if it would “lead to delays in people getting some medical tests and treatments.” Although there are many benefits, there are significant drawbacks to a UHC system in that accessible healthcare does not translate to everyone having healthcare, mainly due to the long waits experienced in some UHC countries. As discussed previously in chapter four, there is a way to combat the long waits, especially to see a specialist. Increasing the number of doctors and nurses by offering the incentive many doctors in UHC countries experience. In UHC countries, medical staff is incentivized by eliminating their student debt allowing more people to become doctors without the financial barrier and open their own offices. By extending the incentive to nurses, America

¹⁹⁹ “Opinion | the Dangers of Medicare for All - the New York Times.”

²⁰⁰ Robert E. Moffit, Ph.D. “‘Medicare for All’ Would Ruin the Care Americans Already Like.” The Heritage Foundation.

makes it possible to have many fully staffed doctors' offices to offer preventative care, possibly minimizing the need for more hospitals and expensive surgeries. By allowing more students to become doctors, America can do as Germany, France, and Japan have. Doctor's offices are available to treat their community, but in America, factor in a doctor-patient ratio for the larger population of Americans in some communities.

The universal healthcare systems each have their downfalls. America will have its own set of problems building a universal system of healthcare that aims to give access to equal care to every American. Universal healthcare is a better system that can make healthcare more accessible to all Americans, improving America from what they have currently. America will have to build a system from the mistakes of their predecessors to ensure that no one needs to wait months to see a specialist, drug and care prices are regulated and capped, and that accessibility to doctors and medical facilities are not a barrier.

Chapter 5: Conclusion

The American healthcare system is failing. Politicians hold the power to reform the system for the American people, but often drag their feet or outright refuse. Rather than fix American healthcare the government has no regard for their citizens making medical decisions based on affordability rather than necessity. The government allows insurance companies and pharmaceutical companies to treat patients, customers, and healthcare as a privilege every American cannot obtain. The pharmaceutical companies, insurance companies, and medical companies are spending large amounts of dollars to keep healthcare unobtainable through their lobbying efforts, while Americans continue to suffer.

The American healthcare system has disparities by race and economic status, which have been exacerbated by the COVID-19 pandemic. Many Black and Brown people in America are working and living in conditions conducive to the spread of COVID-19. When these groups of

people needed treatment or care, the disparities amongst their communities were displayed for the world to see. The most “powerful” and “wealthiest” nation in the world struggled to provide necessary healthcare to its people, many of them deemed essential workers and heroes. These same communities, with Black women being the most affected group, are also at a higher risk of maternal mortality due to the possible obstacles faced during childbirth. Language barriers, education barriers, and a race barrier used by medical professionals to disregard a mother's concerns due to their skin color or personal beliefs about the race or ethnic group contribute to this outcome.

America should have a reformed healthcare system because it is clear the current American system is not competitive with the nations discussed throughout the previous chapters. American citizens are paying more for their healthcare while receiving a lesser standard of care. Those in France and Japan live longer and higher qualities of life with less money being spent on healthcare by those nations, and those in Sweden and Germany benefit from government regulation of drug prices. Citizens within the previously discussed countries benefit from the safety net of having their healthcare regardless of their employment status. Americans are experiencing escalated healthcare and pharmaceutical costs. Many live in the constant fear of a medical emergency because of the cost, the inaccessibility, and inequalities faced in the American healthcare system. If sick Americans are afraid to go to the doctor, what will they do if they get sick? How will they get treatment? How will they get better?

Americans are suffering under the current healthcare system, that attempts to mix out-of-pocket healthcare with insurance coverage and a myriad of person-specific programs to provide healthcare to Americans. Those looped out of insurance by their employer or unable to join the American Medicare or Medicaid programs without an option for health insurance are left in a

desolate situation of lacking health insurance and the care it affords. Those left uninsured or underinsured risk financial ruin if they need significant medical care or death if they do not receive the medical care at all due to cost. Medical reformation will be a long process with continuous adjustments and constant trial and error to give Americans the best universal healthcare system they can have. America will have to work to implement the German and Swiss hybrid healthcare system, attract more doctors to medical school and to practice, while creating and renovating existing infrastructure to treat Americans. It can and should be done to improve the American healthcare system and give Americans the care all Americans deserve.

Barack Obama tried after winning his presidential election in 2008 to reform healthcare by signing the Affordable Care Act (P.L. 111-148) into law in 2010. Although the minority party and conservative Democrats negotiated out major healthcare reform and safeguards that would benefit the American people, the small steps the ACA (P.L.111-148) made in expanding Medicaid in some states offering an affordable healthcare alternative to those that needed it. The ACA (P.L. 111-148) satisfied many with a healthcare mandate and different avenues for Americans to receive insurance while outlawing one of American insurance companies' most inhumane practices of denying healthcare due to pre-existing conditions or family medical history.

American leaders have refused to change a broken system because lobbyists in the healthcare industries work to keep it that way. Party politics interferes with changes that Americans need, while at the same time, countries such as the U.K., Germany, and France demonstrate that healthcare is not about politics. Healthcare is about serving the people and attempting to ensure them a chance at a high quality of life by giving them an accessible, affordable, and equal healthcare system.

In the French healthcare system, citizens can see a general practitioner or a specialist with no gatekeeping and a small co-pay used to remind them that they are receiving a valuable service. In the United Kingdom, a General Practitioner can be seen, and if further care is needed, referral to a specialist follows. Japan wants their citizens to go to the doctor to ensure health and wellbeing, and they also keep their healthcare cost low and offer consistent reminders to pick an insurance plan to ensure that citizens receive their yearly physicals. Germany gives many options for sickness funds and keeps citizens enrolled, making doctor visits accessible and not a financial hassle. Regardless of the citizens sickness fund, or private insurance everyone has access to proper healthcare. These countries have all removed the business from healthcare, insuring people and giving them the healthcare, they need.

Each European and Asian healthcare system previously discussed is in the business of giving their citizens healthcare and preventing sickness before it arrives or healing the illness if it comes. The inability of insurance companies to turn people away because they might get sick or use valuable resources to negotiate not to pay a claim or prescription ensures accessible healthcare for their citizens. Each of these nations does not withdraw healthcare because of unemployment, citizens maintain coverage and pay the money back when they have it, or the government, on a local or national level, pays the bill until their citizens find employment. A German/Swiss healthcare model would be best implemented in America because it offers government healthcare with a private option, allowing those who want to have private insurance if they can afford it, while giving those who cannot access to healthcare through an affordable government option. The healthcare system is affordable through the government-regulated system similar to the Medicare and Medicaid systems.

A German/ Swiss healthcare model would be an excellent achievement for the progress of the American healthcare system. It would also be an efficient compromise between Democrats and Republicans in the relevant elected offices to implement a UHC system. A hybrid of these two healthcare systems has an opportunity for mandatory insurance that everyone in the United States can sign up for because it is affordable and accessible. Suppose these individuals with varying economic circumstances; one can only afford the government insurance, while another can afford supplementary private insurance added to their mandatory or government insurance, and another has complete coverage through private insurance only. While these insurances would be different, any American would receive the same high quality of care, and it would be accessible to every American. This system would give Americans choice and options in their healthcare, not to overstep their rights with government overreach and begin to solve many of the problems the American healthcare system currently has by giving every American access to a healthcare option and from that the right to get medical care.

Americans live in what is said to be the wealthiest nation in the world. Yet, elected officials choose not to give the citizens the fundamental right of healthcare. Businesses spend millions of dollars lobbying politicians and making billions of dollars from America's broken healthcare system. America has allowed the pharmaceutical and insurance companies to fund politicians therefore, these companies fund political thinking, making attempts to reform the healthcare system even harder because there is no incentive for some politicians to do what is best for their constituents. America is the only industrialized nation not to offer its citizens a universal healthcare system that would and could ensure every American has access to healthcare.

There are so many options for Universal Healthcare worldwide, giving many examples that American could learn from pull apart and make their own. America should develop a UHC system because the current system exists and some are excluded, others cannot afford, and some pray they never have to deal with because it could ruin their lives, financial security, or both. American's then have to decide not to accept the pharmaceuticals they need out of fear of going into debt to receive them or the genuine inability to pay for them. Americans are forced to suffer because they do not have insurance due to the possible loss of employment or inability to work. In contrast, some Americans work a low-wage full-time job and are underinsured if they have any insurance at all. The wealthiest country globally and all of its citizens do not have access to healthcare is a travesty. America should implement a healthcare system now that will possibly better the lives and healthcare outcomes, whether medically or financially, for most Americans.

While no UHC system is without flaws and implementation will come in waves it is time for America to try using the model of other UHC countries to propel America forward. Build more hospitals and implement educational infrastructure to avoid the long wait times of Canada. Offer student loan forgiveness and subsidized education for doctors to keep a steady flow of available physicians throughout different fields and regulate the medical and pharmaceutical fields to keep costs low for medical facilities and patients alike. America does not need to have the perfect healthcare plan tomorrow, but they need to start the process for the United States to achieve Universal Healthcare now.

As discussed in chapters one and two America is failing in the equality of healthcare Americans receive, with Black women being almost four times more likely to die from childbirth than a white mother. Americans are not receiving equal care within the American healthcare system, and the insurance companies and drug companies are not being fair to them either. In

chapter two, the story of a woman needing her prescription, but not being able to afford it and the doctor needing to argue with the insurance company to get it filled is the story of millions of Americans. America treats healthcare as a business and allows those unable to afford care or have access to care to suffer versus getting the necessary medications and treatments they need in an accessible and affordable healthcare system. America's healthcare system is unequal, inaccessible, and unaffordable to many Americans when better methods of healthcare exist, and America has the option, finances, and resources to give Americans better healthcare.

American politicians have used American healthcare as a political football for decades, never completely overhauling the American healthcare system to give Americans the healthcare system they deserve. The Affordable Care Act (P.L.111-148) gave Americans a small victory by expanding Medicaid coverage and affordable healthcare options. It did not fix the accessibility, affordability, and equality issues, however Americans are still fighting for an American healthcare system that works for them after the first calls for healthcare reform almost 100 years ago. As previously discussed in chapter one, America's healthcare system has been underperforming, and some politicians have been trying to fix it for decades to no satisfaction. Americans are suffering from a failing system that can leave them with bills that far surpass their means to pay, ineffective care, or with no access to care at all. President Teddy Roosevelt supported reform, believing no country could be vibrant if its people were sick and weak.

In chapter three, other nations demonstrate how healthcare is done for their citizens at a high level for half the cost of the current American healthcare system that is consistently ranked to be mediocre and underperforming. France gives its citizens direct access to the care they believe they need with affordable co-pays. At the same time, Germany offers a sickness fund for every citizen and their needs. Japan has a set price for every procedure allowing its citizens to

know the financial impact of their medical treatments and uses government regulation to make treatment and care affordable. Switzerland mandates healthcare offering a plethora of affordable options and voluntary private insurance for those that can afford it. These and many more countries in chapter three aim to provide affordable and equal access to healthcare for their citizens while maintaining its affordability and the integrity of their healthcare system.

As discussed in chapter three, America can reform their healthcare system by acknowledging that other nations have figured out a successful healthcare model. In contrast, America has continuously failed to get high-level healthcare to the American people. A hybrid model of the Swiss and German healthcare systems would allow America to create its healthcare system from two models that ensure healthcare for all of its citizens that is affordable and does not lapse due to loss of employment. A hybrid model of the German and Swiss programs would allow America to build on the smaller strides the ACA (P.L.111-148) took. Expanding Medicaid in U.S. and offering an affordable healthcare option to every American is achievable. It would allow Americans to continue to have their choice in coverage while expanding the healthcare field, requiring more positions and stimulating the economy. Healthcare reformation in America will not be easy, but it can be done, and America has the blueprint for doing it based on the thriving systems from other industrialized nations. Americans can keep their right to choose and avoid government overreach by adopting a hybrid German/Swiss system that offers access to different sickness funds and mandatory insurance carriers with private insurance options.

While no UHC systems operates to the unobtainable level of perfection American should try a UHC system because America is spending almost double the money of the industrialized nations discussed in chapter three, while losing twice the mothers with vast disparities in care by wealth and race. Germany, Switzerland, France, Japan, and Thailand show that America can

progress and close the gaps in the American healthcare system. UHC can allow for every American to receive the medical treatments and prescriptions necessary for them to live, while eliminating the hassle of the insurance companies. UHC countries provide examples and infinite methods of providing healthcare to all citizens. Though America has a larger population than many other UHC countries, those countries can still serve as the blueprint for America's healthcare reformation.

Universal healthcare in America is achievable, and major healthcare reform is possible if America removes the business and the politics from healthcare. Every American should see a doctor without fearing a drastically high bill due to lack of coverage or no coverage. Every American should know that a wealthy man receives the same high-quality care as a poor man. The American healthcare system has the foundation to change into a successful UHC system that offers affordable, accessible, and equal healthcare to all Americans.

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