

Pro Universal Health Care Debate

Debate Objectives: To advocate for those suffering because they cannot afford the medical care needed to live the “american dream” promised in the constitution as the right to “life, liberty, and the pursuit of happiness.” As well as bring attention to how a single-payer healthcare system could be the solution to this issue.

Through this debate, our team hopes to competently meet the following objectives:

- Bring attention to the issues at hand with private insurance, the corruption, inequality of care, and overall health deterioration of our nation. We hope to do this by bringing in examples such as the EpiPen crisis, the number individuals who go without healthcare, the effects of this number of people, the unaffordability of medical care, the financial burden businesses feel providing employees with healthcare, the inefficiency and shortfalls of current safety nets (medicaid), and medical bankruptcy.
- Bring attention to how Universal healthcare can help our nation's overall health and economic situation, being a possible solution to the problem. We hope to do this by evidencing how universal healthcare stimulates the economy, provides individuals with basic human rights (equal access to healthcare), improves public health, saves lives, unifies healthcare under one system, and equalizes what doctors are paid so they know exactly what to expect.

Strategy

- Our strategy is to point out how private insurance is not working and how people are suffering. We will do this by providing research based evidence in our opening statement (see below).
- It is then to be solution focused and use lines such as “If something is not working, it is not logical to keep doing it over and over, it is time to try something new”.
- Moving from here we will bring out how Universal health care (Single Payer) would help provide our nation's citizens with their basic human right of healthcare better than how the current system is working.
- Lastly, we plan to use the Social Work core values of dignity and worth of persons and social justice laced through our debate. These themes should appear in our opening statement, cross examination, and conclusion.

Definitions:

- Single Payer Healthcare- “Single-payer healthcare is a healthcare system financed by taxes that covers the costs of essential healthcare for all residents, with costs covered by a single public system”, (Health Insurance.org).

- Medical Bankruptcy- “Someone with 5000 or more in debt due to a serious illness or injury”, (Bankruptcy laws. com)
- Medicaid- Medicaid in the United States is a joint federal and state program that helps with medical costs for some people with limited income and resources.
- Medicare- Medicare is a single-payer national health insurance program in the United States, begun in 1966 under the Social Security Administration and now administered by the Centers for Medicare and Medicaid Services of the U.S. federal government.
- EpiPen- EpiPen is the brand name of a device that delivers the drug epinephrine, which is a life-saving medication used when someone is experiencing a severe allergic reaction, known as anaphylaxis.
- World Health Organization- The World Health Organization is a group that focuses on global health issues. It is a part of the United Nations.

Social Work Values:

For this debate, our team will be using the the values of Social Justice and dignity/ worth of the individual. We chose Social Justice because is means providing support and resources for vulnerable or oppressed groups. We feel as though access to healthcare is a basic human right. Advocating for a Single Payer healthcare system would allow for vulnerable people to have access to the medical care they need in order to be functioning members of society. We chose Dignity and worth as our second value because we believe that all people should be treated respectfully by the healthcare system and receive the medical care they need regardless of socioeconomic status. All people should be valued with the same worth as human beings, regardless of genetics, type of employment, or income.

Data Collection:

We collected our data from a variety of sources using both qualitative and quantitative research. We gathered information from online sources pulling from many places. Some information is from organizations such as the World Health Organization, the CDC, and Tennessee's public financial records. We also gathered information from studies on other countries implementation of Universal Healthcare and studies on how the current healthcare system in the United States is not doing a good job in providing affordable and equal access healthcare. For qualitative research we spoke to a PhD Family Practice healthcare provider, and a DPT clinic owner.

Interview Summary:

- Interview with Karen Artress PhD:

Dr. Artress is a family practice doctor in the Atlanta area. When speaking to her, she mentioned that while she does not know if government issued healthcare is the solution, she believes that everyone should have access to healthcare. She talked about how both Private and Universal healthcare have pros and cons, but in her reading about England, she sees how their Universal

Health Care model is doing good things. Overall public health is better and medical necessities such as insulin pumps are a lot cheaper.

- Interview with Wayne Goffin, DPT

Dr. Goffin is a Physical therapist who has run an independent outpatient physical therapy clinic/wellness center for over 15 years. Due to the small “mom and pop” nature of the facility, he has had years of hands on experience dealing with insurance companies. When asked about what issues he has observed with private insurance he replied, “One of the biggest issues we see is insurance companies with poor coverage and expensive co pays.” He went on to say, “It’s almost like insurance companies tell medical professionals what to do, not based on medical knowledge of the diagnosis, but based on their limited funds and how they budget money. They are a business. Some companies will only approve coverage 3 physical therapy visits not based on the personal needs of the patient when they may need a months worth. Another big problem with private insurance is which doctors they decide to have in their network and which prescriptions they will pay for. Some people are not able to see good doctors because they are not in network, or doctors cannot prescribe patients the medication they need because the patient's insurance won't cover it. He also likes the sound of less paperwork.

Research Summary:

Issues with our Current Healthcare System

- Individuals are forgoing medical care due to high costs.
 - Take cancer as an example: A study done by the U.S. government found that 20 million people diagnosed with cancer during the time of the study chose not to get the medical care they needed due to financial concerns. (Weaver).
 - People without healthcare? According to the Affordable Care Act Tracking Survey of 2017, 4 million Americans go uninsured. In 2016 20.9% of families of 4 making 61,000 or less a year were uninsured. Not in 2018 that number has risen to 25.7%. (Collins).
 - Negative effects on public health?
 - According to WHO’s rankings of healthcare systems based on overall health of a population, responsiveness, fairness of financing, and efficiency the U.S ranks number 37. (WHO).
 - According to a 2009 study from Harvard researchers, "lack of health insurance is associated with as many as 44,789 deaths per year," which translates into a 40% increased risk of death among the uninsured. (Andrew).
- Very expensive even for those who can afford insurance.

- Average American households in 2016 paid over 3,000 dollars for insurance (US Bureau of Labor Statistics) per year. Without subsidies from employment the average payment was \$9,996. (eHealth).
- According to the Kaiser Health tracking poll 20% of insured Americans found they had severe financial challenges when paying off medical bills.
- Costs businesses a lot of money too to supplement/provide employees with insurance.
- Competition among Private insurance companies corrupts
 - does not provide the best patient care, puts caps on visits for services such as physical therapy. Not based on the individual's need, but on a budget that lets the Insurance companies make the most money.(W. Goffin).
 - EpiPen crisis-
- Inconsistent rates for different billing codes can make it difficult for small private healthcare providers.
 - In order to get paid by insurance companies, medical providers must use billing codes. Codes mean different things for different companies and are worth different dollar amounts. Physician's may get paid 50 and 30 dollars by giving out the exact same care. (W.Goffin).
- Medicaid has many issues- Paperwork process to apply, does it really make a difference if you have 16,040 dollars in assets vs 17,000?
 - In the state on TN in order to qualify one must make 16,040 or under per year. (Benefits.gov).
 - The average time it takes to process paperwork for medicaid is 45-90 days. (Long-term care.gov).

Benefits of Universal Health Care

- Stimulate the economy
 - According to an Institute of Medicine report, the US economy loses \$65-\$130 billion annually as a result of diminished worker productivity, due to poor health and premature deaths, among the uninsured. (HCS).
- Better Public Health
 - In the United States, people are 33% less likely to have a regular doctor, 25% more likely to have unmet health needs, and over 50% more likely to not obtain needed medicines compared to their Canadian counterparts who have a universal right to healthcare.(Lasser).
- Decrease financial burden on businesses
 - According to the Business Coalition for Single-Payer Healthcare, a right to healthcare under a single-payer-system could reduce employer labor costs by 10-12%. (business coalition for single payer health system).

- Lessons medical debt
 - According to one estimate of a proposed bill to implement a single-payer health care system in the United States (HR 676), 95% of US households would save money and every individual in the United States would receive guaranteed access to publicly financed medical care. (PNHP).

- People with pre-existing conditions would be insured.

Opening Statement (5 min)

The United States is the only country among the developed world that has yet to adapt to some form of universal health care. The United States currently practices what can best be considered a hybrid system, with the majority of citizen's health care being privately funded. In 2014, 48 percent of U.S. health care spending came from private funds, with 28 percent coming from households and 20 percent coming from private businesses. The federal government accounted for 28 percent of spending while state and local governments accounted for 17 percent ("National Health Accounts Historical", 2018). When looking at the system that the United States has more closely you are able to see major problems with what we have:

- Medical cost are too high and people are neglecting medical care as a result
 - Take cancer as an example: A study done by the U.S. government found that 20 million people diagnosed with cancer during the time of the study chose not to get the medical care they needed due to financial concerns. (Weaver).
 - People are going without healthcare, According to the Affordable Care Act Tracking Survey of 2017, 4 million Americans go uninsured. From 2016- 2018 household without insurance has risen from 20.9% to 25.7% four families of 4. (Collins).
 - Looking at the negative effects on public health:
 - According to World Health Organization rankings of healthcare systems based on overall health of a population, responsiveness, fairness of financing, and efficiency the U.S ranks number 37. (WHO).
 - According to a 2009 study from Harvard researchers, "lack of health insurance is associated with as many as 44,789 deaths per year," which translates into a 40% increased risk of death among the uninsured. (Andrew).

- Health care is even expensive for those who can afford it.
 - Average American households in 2016 paid over 3,000 dollars for insurance (US Bureau of Labor Statistics) per year. Without subsidies from employment the average payment was \$9,996. (eHealth).
 - According to the Kaiser Health tracking poll 20% of insured Americans found they had severe financial challenges when paying off medical bills.

- There is Competition among Private insurance companies who can be very corrupt

- A doctor we interviewed who has his own clinic stated that current health care does not provide the best patient care, puts caps on visits for services such as physical therapy and is not based on the individual's need, but on a budget that lets the Insurance companies make the most money.(W. Goffin).
- EpiPen crisis- prices for the EpiPen rose 600 percent over 8 years as well as the salary of the CEO of the company. From \$103.50 in 2009 to more than \$608.61 in 2016. When the CEO was asked why prices spiked so much over this 8 year period. She basically stated how they needed to raise prices in order to fund research, that there was an unmet need and they needed to raise awareness on educate the public. They were not willing to accept the responsibility of the high prices that they were setting. When looking at Heather Bresch, from 2007 to 2015, her total compensation went from \$2,453,456 to \$18,931,068, a 671 percent increase.
- Looking at medicaid, it also has many issues:
In the state of TN in order to qualify one must make 16,040 or under per year. (Benefits.gov). What about those who make just little more more than that. They still cannot afford insurance, but cannot qualify leaving a gap of people who are now left without insurance.

Seeing how big of an issue this is, it begs the question of what other countries are doing and how well it works compared to what the United States has.

Looking at Canada for example, they have a publicly funded universal health care system and because of the Canada health care act of 1985 each provincial health care insurance plan needs to be: publicly administered, comprehensive in coverage, universal, portable across provinces, and accessible. In 2016, Canada spent 10.2 percent and of their GDP on health care. The U.S.spent about 16.4 percent of its GDP on health care. A survey of adults looked at access to care and found 16 percent of Canadians Had a medical problem but did not seek medical care compared to 33 percent of Americans (International Health Care System Profiles).

Another country that could be compared to the United States is Australia. They have a form of universal health care that is provided by all three levels of their government. In 2014 they spent 9 percent of their GDP on healthcare. 14 percent of their citizens Had a medical problem but did not seek medical care. 31 percent of their citizens did not get same or next day appointment last time when they needed to 42 percent of Americans (International Health Care System Profiles). We believe that the adoption of a single payer healthcare system would be the most beneficial for our country. The Centers for Disease Control and Prevention maintained that in 2009, the United States was ranked 30 out of 31 industrial countries in our infant mortality rate. Which is a shame when seeing that the United States claims to be at the forefront of other countries. In relation to this, this issue becomes one of social justice. We are talking about providing support and resources for vulnerable or oppressed groups. We feel as though access to healthcare is a basic human right. Advocating for a Single Payer healthcare system would allow for vulnerable people to have access to the medical care they need in order to be functioning members of society. This is important looking at the dignity and worth of an in because we believe that all people should

be treated respectfully even in the realm of healthcare and receive the medical care they need regardless of socioeconomic status.

Cross examination (7 min)

- If all you are saying about how good private healthcare is, then why are there so many gaps with people going without the medicare care needed?
- If Private Healthcare is so good for the economy then why did it account for over 60% of bankruptcy in the crash of 2007? (Himmelstein).
- Competition may be productive for innovation, but it also corrupts as we can see by the example of the high price of the EpiPen (EpiPen injector from around \$100 in 2007, when it first acquired the life-saving treatment, to over \$600 in 2016, when it controlled 85 percent of the drug's the market share.) What is your response to this?
- If Canada's healthcare was so terrible, why is it still ranked higher than the U.S. by WHO?
- You mentioned that if the U.S. switches to a universal healthcare system there will be medical rations, but does the U.S. already ration healthcare in its own way by leaving millions uninsured and having significant caps on coverage?
- You mentioned that in countries like Canada with universal healthcare, wait times are much longer. While this is true, does having to wait up to 8 months for a non-emergency surgery really outweigh the issue of all the debt and sickness/death of American citizens that Universal health care can provide?
- You mentioned an increase in tax money and that individuals would be forced by the government to pay for the healthcare options of others they may not support. While we also value self determination, do you agree that universal health care policy could be created that would balance this right, but also make sure everyone has basic medical needs met?

Closing Statement (3 min)

In closing: So why should the United States implement Universal Healthcare? This doesn't have to be an immediate process. Implementation can take place over the next decade or so. Numerous sources conclude that UHC is a successful system found beneficial to the country both socially and economically. This system would benefit everyone by giving easy access to healthcare for all people as well as cutting down costs, and stimulating the economy. As social workers it is our due diligence to advocate and assist our clients in maintaining basic human rights regardless of age, gender, or income.

(We left his space to allow for flexibility depending on the direction of the debate)

- Point 1 –
- Point 2 -
- Point 3 -
- Point

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