BBH REVIEW

Navigating the Road to Universal Healthcare

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This upcoming January, California will be expanding Medi-Cal's eligibility requirements, allowing any low-income adult aged 26-49 to enroll in full-scope coverage, regardless of immigration status. This is a monumental step in improving access to care for all Californians, with an estimated 520,000 residents now gaining eligibility for health coverage. It is also an additional advancement in the prospect of universal healthcare in the United States, being one of the biggest expansions of coverage since the Affordable Care Act (ACA).

"Free healthcare" has been a topic of intense debate, especially in recent years, within the US, one of the only first-world countries in the world to not guarantee healthcare for all. Crying socialism, most right-winged individuals are opposed to the implementation of a single-payer healthcare system, in which the government pays for citizens' healthcare via tax money.

Currently in the US, private healthcare dominates the health-system landscape. Individuals and families may purchase plans via various health insurance companies or may qualify for government-sponsored programs like Medicare or Medicaid, which are age- and need-based. While some services may come free of charge, such as preventative care courtesy of the ACA, many services and medications still carry hefty prices for the consumer.

Traditionally, those who can afford more comprehensive and less restrictive plans have access to better care and are more likely to seek out care when they need it. This presents a severe inequity between socioeconomic levels and racial backgrounds, and results in millions of individuals not receiving healthcare. While the uninsured rate has been on a relatively steady decline since the advent of the ACA, an estimated 26 million people were without insurance as of 2022. Even so, having insurance does not translate into seeking regular health services, due to financial and geographic barriers as well as poor health and insurance literacy. A poll by the NORC Center for Public Affairs Research found nearly 8 in 10 Americans are concerned about accessing quality care when they need it, magnified among Black and Hispanic adults.

In 2017, Senator Bernie Sanders introduced his own Medicare for All Act, which proposes consolidating all government health programs and essentially wiping out the need for private health insurance. An ambitious attempt to bring universal healthcare to Congress, the bill was unsurprisingly not passed, but has been reintroduced numerous times since and is still discussed within congressional committees, yet remains unlikely to pass anytime soon.

For many countries that already use a single-payer system, private health institutions remain available to consumers. While the government serves as the baseline insurer and all citizens are enrolled in some national system, individuals may add on private insurance if they can afford it, to cover gaps for services not traditionally covered. While this ensures all citizens can receive care, it still propagates social inequities, since those who can afford it can pay for "better" health. French law requires employers to split the cost of employer-sponsored insurance 50-50 with employees, and German policy requires individuals earning under a certain amount to enroll in the government plan while giving higher earners a choice between public and private. These resemble the US's Medicare and Medicaid, but most essential and preventative services under their government programs are free, unlike the US.

The list of issues cited by opponents of a single-payer system is long, and their concerns are not unfounded. The most-referenced barrier is economic: Sanders' Medicare for All Act is estimated to cause a net increase in healthcare spending of $6.6 trillion and to raise income and payroll taxes. At the same time, it would increase overall government savings by an estimated $2.2 trillion through additional tax revenue, increased purchasing power, and reduced hospital and administrative costs. Other complaints include reduced efficiency and long wait times, and less incentive for medical innovation. It is also worth noting that the US is significantly larger in land and population than its global peers, posing feasibility challenges those counterparts have not faced.

Regardless, one principle remains unchanged: healthcare is a human right. While there is a long road ahead, it is evident that universal healthcare works to alleviate health inequities. About 40% of Americans support a single-payer system and 63% say it is the government's responsibility to ensure all citizens have coverage (Pew Research, 2020). No system will be perfect, but the US needs to recognize the critical disparities in its current systems and provide quality, affordable, accessible care for all.

Sources

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