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**The Possibility of Universal Health Coverage in the United States**

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### **Abstract**

This research paper intends to examine the ways in which universal healthcare coverage can potentially benefit the United States population, as well as investigate the challenges of implementing it. This paper found that there are many problems within the current U.S. healthcare system that can be improved by the implementation of Universal Health Coverage (UHC). Additionally, this paper includes evidence that UHC could have many economic and public health benefits in the United States. The paper then mentions the clear plans for implementing UHC in the U.S. and that there are other countries which have successfully implemented it. Finally, the paper ends by highlighting the certain difficulties that come with implementation as well as underscoring their possible solutions.

*Keywords:* universal healthcare coverage, United States healthcare, health insurance

## **Introduction**

Universal healthcare coverage (UHC) is a coverage system in which every person involved is able to avoid the risks associated with healthcare costs while still accessing any form of healthcare necessary (WHO, 2021, para. 1). The United States does not currently have UHC, and whether it should, is still an ongoing debate. Given that the current U.S. healthcare system has created significant medical debt, exacerbated inequality, and left many people without access to the medical care they need, UHC may provide a better coverage for everyone.

This paper discusses the possibility of UHC in the U.S. as an alternative plan by drawing evidence from previous literature. Specifically, it delves into: 1) the possible effects of UHC on individual people's wellbeing, the economy, public health, healthcare inequity, as well as connections between UHC and the COVID-19 pandemic, 2) different forms that UHC could take in the U.S., and 3) examples of countries that have successfully reformed their healthcare systems in the past. I argue that UHC has the potential to solve problems that have plagued the U.S. for a very long time, but it also comes with difficulties, both of which will be addressed in this paper.

### **Research Question**

What are the opportunities and challenges of implementing universal healthcare coverage in the United States?

### **Issues with the Current Healthcare System**

Two of the clearest problems with the current United States healthcare system are the financial burden that healthcare can cause people (which often manifests as medical debt and

disproportionately affects different racial, income, and ability groups) as well as a lack of access to care when people are uninsured.

Medical debt is very pervasive in the United States. Medical debt is acquired when a person is charged with medical bills that they cannot immediately pay. In 2017, around 19% of U.S. families were burdened with medical debt (Bennett et al., 2021). Additionally, families that include children are disproportionately affected by this problem, as 24.7% of families with minor children had medical debt in 2017, while 16.5% of families without minor children had medical debt (Bennett et al., 2021). In addition, being uninsured can be very dangerous. According to Bailey (2012), uninsured U.S. residents between the ages of 25 and 64 are 25% more likely to die earlier than their insured counterparts (p. 9). More so, approximately 26,100 Americans died in 2010 because they did not possess health insurance (p. 2). Also, having insurance increases a person's likelihood of getting a potentially life-saving health examination from 10% to 36% (p. 6).

In addition, racial, income-based, and ability-based inequity in healthcare is a major problem in the U.S. In the United States for instance, Black and Hispanic families are more likely to have medical debt, as 21.7% of Hispanic families and 27.9% of Black families had medical debt in 2017, compared to the national average of 19% (Bennett et al., 2021). When considering what percentage of families had medical debt amounting in 20% or more of their yearly household earnings, only 3% of families over the poverty line did, while that number was 11.3% for families under the poverty line (Bennett et al., 2021). Additionally, having a disabled member in a family increased that family's probability of having medical debt from 14.4% to 26.5% (Bennett et al., 2021).

### **Universal Healthcare Coverage and Economic Impacts**

Although increased government spending is often used as an argument against universal healthcare coverage (Zieff et al., 2020), there is evidence to support a decrease in spending given the implementation of UHC in the United States. Zieff et al. (2020) suggests that universal healthcare coverage could improve the health of the people in the United States, which means that the government's healthcare costs would become lower, and eventually UHC would result in lower government spending on healthcare as a whole. In fact, assisting every person in the U.S. in health habit reform (changing one's habits in ways that benefit health) with just \$10 of government spending each, means the United States government actually stands to save a projected \$16 billion (Levi et al., 2009, p. 3).

Additionally, Bivens (2020) argues that UHC has the potential to increase the pay of workers, and even create more jobs. Considering much of the U.S. public depends on employer-based health coverage, Bivens (2020) stated that, if Universal Healthcare were implemented in the U.S., employer health insurance would not be necessary, and it would be possible for that money to be allocated toward paying employees. Also, Bivens (2020) claimed that since more people would have healthcare, it is possible that the healthcare industry could see more business, which would mean more people would be able to get jobs in healthcare. The article suggests that this may amount to approximately 2.3 million more job opportunities in healthcare than there are at the moment, based on data from Pollin et al. (2018).

### **Universal Healthcare Coverage and its Impact on Public Health**

There is evidence that demonstrates how universal healthcare coverage can improve public health overall. (Zieff et al., 2020) supports UHC's implementation in the United States, due to the fact that it has been shown to improve public health greatly in terms of effectiveness of healthcare and its availability to the public. For instance, the Healthcare Access and Quality

Index demonstrates a notable statistic. The Netherlands and Canada (both countries with universal healthcare that have similar levels of economic security as the United States) are ranked 3rd and 14th in Public Health by the Healthcare Access and Quality Index, however the U.S. is ranked 29th in that same area (Adane et al., 2018, p. 2243). This contributes to evidence against the argument that universal health coverage creates low quality healthcare and decreases peoples' access to care overall through longer waiting times for medical appointments (Zieff et al., 2020).

In particular, UHC in the US could have decreased the effects of the COVID-19 pandemic. For example, Galvani et al. (2020) argued that not only would universal healthcare be beneficial for the United States, but it would have improved public health during the COVID-19 pandemic. They emphasized that both the need for health care as well as unemployment increased during the pandemic, causing many to lose their health coverage when they may have needed it most. Similarly, Galvani et al. (2020) noted that, in Taiwan, because of single-payer universal healthcare, the spread of COVID-19 could be tracked by medical charges in particular areas. This made monitoring and decreasing the spread of infection much more manageable. UHC could have led to less financial trouble on an already burdened population during the pandemic, as well as creating more efficient forms of contact tracing to help handle the spread of COVID-19.

### **Implementation of Universal Healthcare Coverage**

In addition to the debate over whether the United States would benefit from universal healthcare coverage, there is also disagreement on how it should be implemented. Two of the most frequently discussed methods for implementing UHC are the Public Option and Medicare for All. The Public Option involves creating a comprehensive, public health insurance system

that members of the public would either opt into or choose private health insurance. Medicare for All would be a mandatory system that would replace the need for private health insurance entirely. Unlike the Public Option, Medicare for All would cover the entire U.S. public excluding any forms of private health insurance.

Hacker (2021) claims the Public Option is the better option, that it is less divisive of a system, which would make it easier to pass. The article's evidence for this are polls in which voters seem to prefer the Public Option when given a choice between it and Medicare for All. This popularity is likely since Medicare for All would be costly, would mean that most people would have to change insurance from employment-related health coverage, and it would have little support from those in power. These are problems that the Public Option would have to a much lesser extent (p. 1061). Hacker then asserts that because the Public Option avoids numerous obstacles by being similar to the current healthcare system in more ways than Medicare for All, many voters would not object to it becoming a form of universal health coverage.

Although the Public Option would be easier to pass, Medicare for All could be beneficial to the U.S. in unique ways as well. Medicare for All would result in more people being enrolled in public healthcare than the Public Option. As mentioned earlier, in the section on public health in Taiwan, the single-payer universal health coverage system allowed people to trace the spread of COVID-19 (Galvani et al., 2020). Medicare for All would have similar benefits, more so than the Public Option, because everyone would be enrolled in the same insurance system. With Medicare for All, contact tracing and similar uses would be more efficient. Additionally, a system with mandatory enrollment, such as Medicare for All would end the need for employment-related health insurance, creating the possibility for significantly higher pay



among health workers (Bivens, 2020). It is important to note, that some of the benefits of UHC already covered in this paper would be better achieved by the Medicare for All plan, rather than the Public Option.

Universal healthcare coverage is not a new idea, and it is not an idea that is only discussed in the United States. In fact, many countries have already accomplished forms of UHC. Meng et al. (2015) discussed the UHC in four countries, including Japan, South Korea, Taiwan, and Thailand. These countries reformed their healthcare systems successfully and have covered a much larger population as a result. For instance, the article describes how Taiwan successfully merged 10 insurance systems into one. Also, how in 2000, South Korea made one form of healthcare (beginning with three) and provided insurance to every resident. Meng et al. also mentioned the National Insurance Act in Thailand which created universal healthcare coverage that was paid for with tax revenue in 2003. Additionally, according to Montagu (2021), in Sweden, UHC has been implemented with a private option. Sweden's main healthcare method is Public, for both primary care and specialist purposes (Paris, Devaux, & Wei, 2010). These countries demonstrate that UHC can be successfully implemented with the utilization of careful government planning.

However, implementing universal healthcare coverage in the United States would not be a simple process, there are complexities and expenses associated with UHC in the U.S.. Zieff et al. (2020) suggests that, although numerous countries have been able to make UHC possible, the United States is larger and has a more varied demographic and topographic makeup than many countries with UHC. According to the article, critics say that these factors would make the process of implementation extremely complicated. However, this problem is not unsolvable. For instance, giving people options about how they receive healthcare will allow them to make

decisions that are specific to their needs and situations. This will likely mitigate the problems posed by a “one-size-fits-all” healthcare system, by giving people more control over their healthcare. Another challenge of Universal Healthcare that Zieff et al. (2020) include in their article is the financial cost of UHC, as serving more of the population’s healthcare needs will require greater financial support. While critics say that there is no room in the federal budget for UHC, Zieff et al. (2020) offered the solution of increasing taxes to cover the costs of UHC, especially for the wealthy. Of course, as mentioned before, finding new tax revenue to fund UHC may only be temporary, because, once UHC is fully implemented, the positive impact on public health may save the government more money than it spends on UHC (Zieff et al., 2020). Although there are numerous challenges associated with implementing UHC in the United States, the same is true of any large-scale government program. The challenges of UHC can be solved and are far outweighed by the potential benefits.

### **Conclusion**

Overall, universal healthcare coverage would benefit the U.S., in terms of financial and health impacts on U.S. inhabitants, the economy, healthcare inequity, and public health. In the past, UHC has worked in countries outside the U.S., providing clear plans for its implementation within the U.S.. In addition, UHC has been used to help diminish the spread of COVID-19 and reduce its overall negative health and economic effects on the public. The arguments against UHC in the United States are inconsequential compared to the evidence demonstrating the positive impacts it would have if implemented.

## References

- Adane, A. A., Adhikari, T. B., Agrawal, A., Akibu, M., Akseer, N., Aljunid, S. M., Allen, C., Al-Raddadi, R., Amoako, Y. A., Araújo, V. E. M., Babalola, T. K., Barboza, M. A., Barquera, S., Behzadifar, M., Belay, Y. A., Bensenor, I. M., Bernstein, R. S., Bhalla, A., Bou-Orm, I. R., ... Zamani, M. (2018). Measuring performance on the Healthcare Access and Quality Index for 195 countries and territories and selected subnational locations: a systematic analysis from the Global Burden of Disease Study 2016. *The Lancet (British edition)*, *391*(10136), 2236–2271.
- [https://www.thelancet.com/journals/lancet/article/PIIS0140-6736\(18\)30994-2/fulltext](https://www.thelancet.com/journals/lancet/article/PIIS0140-6736(18)30994-2/fulltext)
- Bailey, K. (2012). *Dying for coverage: the deadly consequences of being uninsured*. Families USA. <https://familiesusa.org/wp-content/uploads/2019/09/Dying-for-Coverage.pdf>
- Bennett, N., Eggleston, J., Mykyta, L., & Sullivan, B. (2021). *Who had medical debt in the United States?*. United States Census Bureau.
- <https://www.census.gov/library/stories/2021/04/who-had-medical-debt-in-united-states.html>
- Bivens, J. (2020). *Fundamental health reform like ‘Medicare for All’ would help the labor market*. Economic Policy Institute. <https://www.epi.org/publication/medicare-for-all-would-help-the-labor-market/>
- Galvani, A. P., Parpia, A. S., Pandey, A., Zimmer, C., Kahn, J. G., & Fitzpatrick, M. C. (2020). The imperative for universal healthcare to curtail the COVID-19 outbreak in the USA. *EClinicalMedicine*, *23*(100380) 1-2.
- [https://www.thelancet.com/journals/eclinm/article/PIIS2589-5370\(20\)30124-3/fulltext](https://www.thelancet.com/journals/eclinm/article/PIIS2589-5370(20)30124-3/fulltext)

- Hacker, J. S. (2021). Medicare for more — why we still need a public option and how to get there. *The New England Journal of Medicine*, 385(12), 1060–1062.  
<https://www.nejm.org/doi/10.1056/NEJMp2111494>
- Levi, J., Segal, L. M., & Juliano, C. (2008). *Prevention for a healthier america: Investments in disease prevention yield significant savings, stronger communities*. In Trust for America's Health. <https://www.tfah.org/wp-content/uploads/archive/reports/prevention08/Prevention08.pdf>
- Mackenzie, L. (2021). *Universal health coverage (UHC)*. World Health Organization. Retrieved from [https://www.who.int/health-topics/universal-health-coverage#tab=tab\\_1](https://www.who.int/health-topics/universal-health-coverage#tab=tab_1)
- Meng, Q., Fang, H., Liu, X., Yuan, B., & Xu, J. (2015). Consolidating the social health insurance schemes in China: towards an equitable and efficient health system. *The Lancet (British Edition)*, 386(10002), 1484–1492.  
[https://www.thelancet.com/journals/lancet/article/PIIS0140-6736\(15\)00342-6/fulltext](https://www.thelancet.com/journals/lancet/article/PIIS0140-6736(15)00342-6/fulltext)
- Montagu, D. (2021). The provision of private healthcare services in European countries: recent data and lessons for universal health coverage in other settings. *Frontiers in Public Health*, 9(636750), 1-8.  
<https://www.frontiersin.org/articles/10.3389/fpubh.2021.636750/full>
- Paris, V., Devaux, M., & Wei, L. (2010). *Health systems institutional characteristics: a survey of 29 OECD countries*. OECD Publishing. [https://www.oecd-ilibrary.org/social-issues-migration-health/health-systems-institutional-characteristics\\_5kmfxfq9qbnr-en](https://www.oecd-ilibrary.org/social-issues-migration-health/health-systems-institutional-characteristics_5kmfxfq9qbnr-en)
- Pollin, R., Heintz, J., Arno, P., Wicks-Lim, J., & Ash, M. (2018). *Economic Analysis of Medicare for All*. Political Economy Research Institute.  
<https://peri.umass.edu/publication/item/1127-economic-analysis-of-medicare-for-all>

Zieff, G., Kerr, Z. Y., Moore, J. B., & Stoner, L. (2020). Universal healthcare in the United States of America: a healthy debate. *Medicina (Kaunas, Lithuania)*, 56(11), 1–7.  
<https://www.mdpi.com/1648-9144/56/11/580>